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AC and E Engineering Underwriting Managers (Pty) Ltd

Website: www.engineeringace.co.za

DEBIT ORDER REQUEST AUTHORISATION FORM

EPIC a division of Insurance Outsourcing Managers (Pty) Ltd

Name (Insured): _____ Date: _____
Address: _____

Dear Sirs/Madams,

The details of my bank account are as follows:

BANK: _____ BRANCH/TOWN: _____
ACC NAME: _____ BRANCH NO: _____
ACC. NO.: _____ TYPE OF A/C: _____
(Savings, current, transmission)

I/we hereby request and authorize you to draw against my/our account with the abovementioned bank the sum of R_____ (my/our monthly insurance premium/s or any variable amount pertaining to this agreement), on the 1st / 2nd / 7th / 15th (please circle the applicable date) day of each and every month. This being the amount necessary for the payment of the monthly premium/payment due to you in respect of our insurance contract/agreement dated.

All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/we the undersigned, "instruct" and authorize your agent "EPIC", to draw against my/our account with the abovementioned bank, I/we understand that the withdrawals authorized here will be processed by First National Bank and I/we also understand that details of each withdrawal will be printed on my/our bank statement.

I/we agree to pay any bank charges relating to this debit order instruction. This authority may be cancelled by means of giving you thirty days notice in writing, but I/we understand that I/we shall not be entitled to any refund of amounts, which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.

Signed _____ on this _____ day of _____ 2012
SIGNATURE AS USED FOR SIGNING CHEQUES

Managing Director: Anne-Marie Fourie

Reg. No: 2009/015923/07 VAT No: 4020257368
An Authorised Financial Service Provider – FSP 43281

