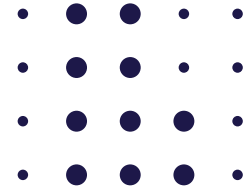


# DEBIT ORDER AUTHORISATION FORM



**LOMBARD**  
(FSP no.1 596)

Policy Number:

Debtor Number:

ID Number:

Telephone: 0861 000 509  
Fax: 0861 000 508  
Physical Address: 4 Osborne Lane, Bedfordview, 2007  
Postal Address: Private Bag X2, Gardenview, 2047

Please complete and return by fax to: 086 649 0417 | Email to: [debtors@turnberry.co.za](mailto:debtors@turnberry.co.za)

Please note, should you change your collection date from 1st or 7th to the 15th or 25th, the collection will be for the next month and could result in a double deduction.

## A. BANK DETAILS FOR DEDUCTIONS OF MONTHLY PREMIUM BY DEBIT ORDER

Accountholder's Name	<input type="text"/>
Name of Bank	<input type="text"/>
Branch Name and Town	<input type="text"/>
Branch Code	<input type="text"/>
Account Number	<input type="text"/>

Type of account:            Cheque             Savings             Transmission

Date account to be debited:            1st             7th             15th             25th

*Please note, should the collection date selected fall on a weekend or public holiday, a debit will be processed against your account on the first working day following the weekend or public holiday*

I hereby request and authorise Turnberry Management Services (Pty) Ltd to draw against my bank account with the abovementioned bank (or any bank/branch to which I may transfer my account) the amount necessary for payment of the premiums (as well as any renewal or adjustment premiums and policy fees due) in respect of the afore- mentioned insurance benefits. All such withdrawals from my bank account by Turnberry shall be treated as though they had been signed by me personally. I agree to pay the bank charges in connection with this instruction and authorise Turnberry to increase the amount of each withdrawal so as to recover the costs thereof in accordance with the South African Clearing Bank's tariff in force at the time. I understand that: 1) the withdrawals hereby authorised will be processed by computer, and 2) details of each withdrawal will be reflected on my bank statement or on the accompanying voucher, and 3) the obligation to ensure that my monthly payments are received remains with me despite the granting to Turnberry of this authority and 4) that this authority may be ceded or assigned to a third party, if this policy is also ceded or assigned to the third party. This authority shall continue in full force and effect until cancelled, by me, giving 30 days' written notice thereof sent to Turnberry by prepaid registered post. I understand that such cancellation may result in the cancellation of the policy and it will not relieve me of the liability in respect of any unpaid balance owing to Turnberry. In addition, I shall not be entitled to any refund of any amount which Turnberry has withdrawn regarded as receipt thereof by my bank.

Signature of Accountholder: \_\_\_\_\_ Date: