

TURNBERRY DEBIT ORDER AUTHORISATION 2027

Telephone: 011 677 9891
Fax: 086 676 0777
Physical Address: 4 Osborne Lane, Bedfordview, 2007
Postal Address: Private Bag X2, Gardenvue, 2047

Policy No.		Debtor No.	
ID No.			

Please complete and return by fax to: 086 676 0777 | Email to: 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

Account Holder's Name		Name of Bank	
Account Number		Branch Code	

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. Please note that your debit order reference will be TMS HEALTH INS D followed by your debtor number. 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 aforementioned 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 31 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: Date:

Where the account holder is different to the Principal insured, we require the below information to finalise the application form and we require a letter of authorisation, if the account holder is a third party:

Title:		First Name:	
Surname:		Account holder's ID Number:	
Nationality:		Country of Birth:	
Country of residence:		Source of Funds:	
Occupation:		Industry Type:	
Cellphone No:		Residential or Physical Address:	
Residential or Physical Address:		Code:	
Email:			
Relationship to the Principal Insured:			

Signature: Date:

B. AML DISCLOSURE

AML disclosure: Important Note - In line with the Financial Intelligence Centre Act (FICA), Turnberry, as an Accountable Institution is required to carry out mandatory FICA and screening checks at onboarding and ongoing stages on clients. Once you become a member of the Turnberry scheme, your application will be subjected to these requirements. Thus, your cover will become effective once you have passed the checks. Therefore, it is important to provide accurate and complete information when applying for cover.

Signature: Date: