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Reg. No. 2002/004034/07
 FSP License No: 6018

DEBIT ORDER AUTHORITY

1. INSURED'S NAME AND POSTAL ADDRESS

2. FULL NAMES AND SURNAME OF PAYER (Details of the account against which all premiums will be drawn)

3. VAT NUMBER

4. NAME OF BANK AND BRANCH

5. ACCOUNT NUMBER

BRANCH NUMBER

A cancelled, blank or used cheque must be attached for identification purposes in the case of a cheque account.

6. TYPE OF ACCOUNT: CURRENT SAVINGS TRANSMISSION

I the undersigned request, instruct and authorise:

- a) Santova Financial Services (Pty) Ltd to draw against my account with the abovementioned bank (or any other bank or branch to which I may transfer my account) the amount necessary for payment of the items indicated in the schedule below.
- b) My bank (whichever it is or may be) to debit my account with any debits drawn against it by Santova Financial Services (Pty) Ltd and to treat each one as if it had been signed by me personally. I undertake against the said bank that I shall regard receipt by Santova Financial Services (Pty) Ltd of this instruction as receipt and acknowledgement by the bank.
- c) The above noted debit to include a monthly fee of: which may be amended with your approval. This is in respect of the services noted below:
 - Conduct risk surveys
 - Facilitation of non-insurance value added products
 - Advise on risk management structures
 - Cost of compliance
 - Arrange and assist on valuations with suitable professionals
 - Basic legal and financial advise
 - Risk management advice
 - Travelling and accommodation expenses
 - General advice outside of product specific advice
 - Training facilitated by outside service providers
 - Loss control advice
 - Technology upgrades, maintenance and training

I understand that brokers earn remuneration for services by means of an advice fee paid by the Insured and statutory commissions paid by the Insurer. I confirm that I am in agreement with the remuneration structure as set out above and I consent to the payment of the monthly fee for such services.

SCHEDULE

I. Premiums and charges as payable from20..... in respect of the following:

Policy Number(s): -.....

II. Or such other amounts which may become payable in respect of policies issued in my name or in the name of:

.....

Should the bank for any reason reclaim from Santova Financial Services (Pty) Ltd any of the amounts paid in terms of this request and decide to pay such amounts over to me, I undertake to refund such amounts to Santova Financial Services (Pty) Ltd and that the amounts so paid or so to be paid to me by the bank shall be applied to such refund.

SIGNED AT ON THIS DAY OF20.....

SIGNATURE OF PAYER

ASSISTED BYCAPACITY.....
 (Where legally necessary)

If a company is the payer the full name of the company must be shown and the authorised person must sign indicating his capacity. The company stamp must also appear there.