



BANK DEBIT ORDER AUTHORITY

Name of Bank	
Branch	
Branch Code	
Type Of Account	
Account Number	
Name Of Account	
ID No of Account Holder	
Debit Order Inception Date	

I/we hereby instruct and authorize _____ to draw against my/our account with the above bank or any other bank to which I/we may transfer my account, the amount necessary for payment of the monthly premium due in respect of the above-mentioned insurance. All such withdrawals from my/our account shall be treated as though they had been signed by me/us personally.

Signature

Date

Postal Address.
 Postnet Suite #L19
 Private Bag X37
 Lynnwood Ridge
 0040

Physical Address.
 Unit 52, Block 4
 Lombardy Business Park
 Corner of Cole and Graham Road
 Silver Lakes, Pretoria, 0054

Telephone.
 012 809 1062 / 078 460 3114
 Facsimile.
 012 809 1072 / 0866 909 971

email.
 scottpm@firstinternational.co.za
 web.
 www.firstinternational.co.za

Authorised Financial
 Services Provider.
 License number 16438

Reg number.
 1945/019293/07

VAT number.
 4110227818

Directors.
 Mrs. Patrizia Scott MD
 Dr. Gerrit Sandrock