



Hollard
LIFE

ELECTRONIC TRANSFER AUTHORISATION

I hereby request and authorise Hollard Life Assurance Corporation Limited to Electronically transfer payments into my account. (If you select the abovementioned method of payment complete this part from the particulars on your Cheque/Transmission/Savings Account statement).

Account Name :

Policy Number :

Name of Bank :

Branch Town/City :

Branch Code Number :

Account Number :

Type Of Account : Current Savings Transmission
(Make a cross in the applicable box)

Authorised Signatories

Account Holder

Policy Holder

ELEKTRONIESE OORPLASING MAGTIGING

Hiermee versoek en magtig ek Hollard Lewensverversekeringskorporasie Beperk om betalings deur middel van elektroniese oorplasing te doen. (Indien u bogenoemde betalingsmetode versoek voltooi hierdie gedeelte vanaf die besonderhede op u Tjek-/Transmissie-/Spaarrekeningstaat).

Rekening Naam :

Polis Nommer :

Naam van Bank :

Tak Dorp/Stad :

Tak Kode Nommer :

Rekening Nommer :

Tipe Rekening : Lopende Spaar Transmissie
(Merk toepaslike blokkie)

Gemagtigde Handtekening

Rekeninghouer

Polishouer