

DEBIT ORDER AUTHORITY FORM

Please complete this form in black ink and CAPITAL letters

POLICYHOLDER DETAILS

Policy Number:

Name and Surname:

ID/Passport no.:

Date of birth:

Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Email address:

Contact details: Home no.:

Fax no.:

Work no.:

Cell no.:

Postal address:

Code:

Residential address:

Code:

DEBIT ORDER DETAILS AND DEBIT AUTHORITY CONSENT

Name of account holder: (as appears on bank card)

Bank name: Amount to be deducted: R

Account no.:

Account type: ☐ Cheque ☐ Savings ☐ Transmission Other

Branch code:

Debit order day: ☐ 1st ☐ 5th ☐ 7th ☐ 10th ☐ 15th ☐ 20th ☐ 25th ☐ Last day of the month

Please attach account confirmation letter.

I/We hereby request, instruct, and authorise you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the amount necessary for payment of the monthly premium due in respect of my/our insurance, without prejudice to the rights of Sirago Underwriting Managers (Pty) Ltd. further authorise you to increase the amount in terms of the policy from time to time, and I authorise my bank to effect payment.

I/We hereby confirm acceptance of the below mentioned insurance policy, and authorise Sirago Underwriting Managers (Pty) Ltd to issue and deliver payment instructions to their Banker, to draw on my/our account at the under mentioned institution in any manner agreed on between Sirago Underwriting Managers (Pty) Ltd and such institution, the amount of the premium payable on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on and request the aforesaid institution to debit my/our account with all debits drawn against it by Sirago Underwriting Managers (Pty) Ltd. All such withdrawals from my/our Bank account by Sirago Underwriting Managers (Pty) Ltd shall be treated as though they had been signed by me/us personally.

I/We certify that the above bank details are correct. If these banking details have not been provided accurately, or if the details change at any time in the future and I/We fail to notify such changes or if payments are not made in accordance with the Debit Order Instruction, the responsibility of payment will rest with me/us.

I acknowledge that any fees and charges levied by the bank on account of the debit order or any debit order payments which may be rejected for any reason whatsoever will be for my account. I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand the details of each withdrawal will be printed on my Bank statement bearing a specific reference number which will reflect Sirago and your policy number as confirmed in the policy documents.

This authority will remain in force until cancelled by me/us by giving thirty days' written notice to Sirago Underwriting Managers (Pty) Ltd and my/our bank.

I/we understand that I/we shall not be entitled to any refund of amounts withdrawn while this authority was in force, if such amounts were legally owing to Sirago Underwriting Managers (Pty) Ltd.

I/We also understand that I/We cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts were legally owing to you. I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party.

Initial here

SHOULD YOU NOT COMPLETE THIS SECTION IT WILL RESULT IN US USING YOUR DEBIT ORDER DETAILS

Name of account holder: (as appears on bank card)

Bank name: Account no.:

Account type: ☐ Cheque ☐ Savings ☐ Transmission Other

Signature of account holder: Date:

THIRD PARTY DETAILS

Relationship to policyholder:

Name and Surname:

ID/Passport no.: Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Date of birth: Email Address:

Contact details: Home no.: Work no.:

Fax no.: Cell no.:

Postal address: Code:

Residential address: Code:

ABOUT THE INFORMATION THAT MAY BE GIVEN TO THE THIRD PARTY

Please note that by giving consent, the nominated person will have access to the following information and/or not limited to:

- Personal Information, regarding me and my dependants (Updating and Confirming Personal Details)
- Benefits Information, regarding me and my dependants (Benefit Queries and Claim Queries)
- Financial Information, regarding me and my dependants (Banking Details, Members Portion, Suspension Details, Contribution Details your chosen third party can only confirm these details, no change can be done by a third party)
- Medical Information, regarding me and my dependants (Diagnosis, Treatment Plans, Prescribed Minimum Benefit Guidelines)
- Documents Required, regarding me and my dependants (Statements, Membership Certificates, Tax Certificates)

DISCLAIMER

This consent form gives Sirago permission to make the information elected by the Policyholder available to the nominated party. The Policyholder will be responsible for all representations made in terms of this consent form. Sirago will not be liable for any loss or damage, whether direct or indirect, that may occur as a result of the nominated person having access to information pertaining to your policy.

POPIA CONSENT

Declaration and Informed Consent in terms of the Protection of Personal Information Act 4, of 2013 (POPIA)

We at GENRIC Insurance Company Limited (GENRIC) respect your right to privacy. We need to collect and process some of your personal information in terms of various Privacy and Data Management laws and are bound by the terms and provisions of the Protection of Personal Information Act, regarding the acquisition, usage, retention, transmission, and deletion of your personal information.

Your personal information collected is for the primary purpose of providing you with insurance cover and for all other activities and processes incidental to and relevant to this purpose. As this information forms the basis of our assessment and terms we offer you, it must be correct, complete, and up to date.

We will always comply with all relevant regulations in dealing with your information and keep it secure and confidential at all times. Your information shall be kept confidential; however, we shall disclose it to certain third parties as required and other insurers for the specific purpose of insurance and to reduce and prevent any form of fraudulent activity. Should you decide to cancel this insurance contract, you further consent to GENRIC, in retaining the information in line with the legally permitted retention period, for statistical and reporting purposes only.

Should you decide not to accept the proposal, the information collected will be de-identified and only used for statistical and research purposes.

I hereby voluntarily consent to GENRIC processing my Personal Information.

I understand the purposes for which my Personal Information is required and for which it will be used.

I give GENRIC permission to process my Personal Information as provided above.

Our Privacy Notice and POPIA Policy provides the details of how we deal with the personal information of our clients, and it is available on our website at the following address: <https://genric.co.za>.

Signature of account holder Date: