

# DEBIT ORDER FORM

Please complete and forward to:  
Email: [equine@petsure.co.za](mailto:equine@petsure.co.za)  
Fax: 086 661 0992



|  |                  |                    |
|--|------------------|--------------------|
| <b>SURNAME*</b> : MR/MRS/MS/MISS/PROF/DR<br><small>*(SURNAME OF THE POLICY HOLDER)</small> | <b>INITIALS:</b> | <b>CONTACT NO:</b> |
|--|------------------|--------------------|

## EQUINE PREMIUM DETAILS

No of Insured Horses: \_\_\_\_\_

Total Monthly Premium incl. VAT: R \_\_\_\_\_ (Premium = R530.00 per horse per month)

|  |  |
|--|--|
| <b>PLEASE SUPPLY BANK DETAILS</b>                    |  |
| <input type="checkbox"/> <b>MONTHLY DEBIT ORDERS</b> | <input type="checkbox"/> <b>CLAIMS REFUNDS ONLY **</b> |

*Premiums are payable on a monthly basis by debit order only, unless otherwise stated. If two or more debit orders are returned PetSure will not be held liable should the policy be automatically terminate, or should claims incurred during this period of suspension not be paid.*

Tick appropriate Bank Account:

- Nedbank     - FNB     - Standard     - ABSA     - Investec     - Other

Other Bank used (if not mentioned above) \_\_\_\_\_

Account Holder: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name of Branch: \_\_\_\_\_ Bank Branch Code: \_\_\_\_\_

Acc Type (Chq/Trsm/Savings): \_\_\_\_\_ Month of 1<sup>st</sup> Debit Order: \_\_\_\_\_

Month policy to start (First calendar month excluded for claiming purposes): \_\_\_\_\_

Debit Order Date preferred: 26<sup>th</sup> (for the next month)  / 1<sup>st</sup>  / 4<sup>th</sup>

*I hereby authorise The Hollard Insurance Company Ltd to draw from my account the monthly subscription due in terms of the cover I have chosen (VAT inclusive). I may cancel this Debit Authorisation by giving ONE CALENDAR MONTH'S written notice.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CREDIT CARD DETAILS

**\*\* IF YOU CHOOSE THIS OPTION FOR DEBIT ORDERS, PLEASE SUPPLY ALTERNATIVE BANK ACCOUNT DETAILS FOR CLAIMS PURPOSES ONLY AS CLAIM REFUNDS WILL NOT BE PROCESSED TO CREDIT CARDS.**

Please Debit my:  - Visa     - MasterCard     - Amex     - Diners

Card Number:

Expiry Date:     CVV:

Cardholder's Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

Administered by



Underwriting Manager and Administrator  
PetSure (Pty) Ltd ("PetSure")  
Reg. No. 1991/007261/07  
Authorised Financial Services Provider  
Licence Number 9846  
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