

DEBIT ORDER MANDATE

IMPORTANT INFORMATION

- Please ensure that sufficient funds are available to make the contractual transfer. Banks will levy a penalty fee on your account if there are insufficient funds.
- Always keep an amount in your bank account higher than the amount that will be debited to provide for normal bank charges.

DEBIT ORDER MANDATE

INSURED NAME	<input type="text"/>
ACCOUNT HOLDER	<input type="text"/>
BANK	<input type="text"/>
BRANCH	<input type="text"/>
ACCOUNT NUMBER	<input type="text"/>
ACCOUNT TYPE	<input type="text"/>
DAY OF MONTH ON WHICH DEDUCTIONS MUST BE MADE	<input type="text" value="1st"/> <input type="text" value="7th"/>

DEBIT ORDER AUTHORITY

I, the undersigned, request Guardrisk Allied Products and Services (Pty) Ltd to draw against my account the debit order amount. Such withdrawals from my account will be treated as though they have been signed by me personally, and I request the bank to debit my account with these drawings in line with all the conditions specified in this form.

Please note the reference number reflected on your bank statement will reflect as GAPS GRP_ *your unique client number*.

Signed at _____ on the _____

Signature _____ Full Name _____

ID Number _____

ENQUIRY CONTACT DETAILS

Telephone:	(011) 669 1000	Postal Address:	P.O. Box 786015, Sandton, 2146
Email:	gaps@guardrisk.co.za		
Physical Address:	Ground Floor – 3rd Floor 102 Rivonia Road Sandton ,2146		