ambledown FINANCIAL SERVICES (PTY) LTD

Ambledown is an Authorised Financial Services Provider, No. 10287

ORIGIN

GUARDRISK TAILORED RISK SOLUTIONS

Guardrisk Insurance Company Limited,
a licensed non-life Insurer and an authorised financial services provider (No.75)

ORIGIN GAP COVER SERIES

Change of Bank Account Details

Underwritten by Guardrisk Insurance Company Limited (GICL), a licensed Non-Life insurer and an authorised Financial Services provider, Reg. No. 1992/001639/06 , FSP No. 75

This is not a medical scheme and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership. The master policy issued is the source of all benefits, rights, and obligations and exclusions. To determine your individual needs, we suggest you contact your broker and request advice from him/her.

Broker Details

Broker / consultant name:

Name of brokerage:

FSP number: Broker code:

Broker contact number: VAT number:

Broker email address: Unique identifier *(if necessary)*:

Personal Details

Principal member

Title: Surname:

ID / passport number: First names:

Date of birth: D D M M Y Y Y Y

Policy number:

Country of nationality:

Home number: Cell number:

Work number: Email:

Premium Payment

Debit order details

Account holders name: Bank / Building Society:

Account number: Branch:

Branch code:

Source of funds:

Account type: Current / Transmission / Savings

Please select preferred debit order collection date

1st ☐ 7th ☐ 15th ☐ 20th ☐ 25th ☐ 28th ☐ Last day of the month ☐

I, the undersigned, hereby request and authorise the Insurer or it's representative to deduct the premium payable under the above plan against my bank account or institution (or any other bank or institution or branch where my account is kept or transferred to) on the preferred debit order collection date.

Should the collection date selected fall on a weekend or public holiday, I understand that a debit will be processed against my account on the first working day following the weekend or public holiday. I further declare that:

- I authorise my bank or institution (as stated) to debit my account with all debits which may be presented by the company as if I personally signed for each one.
- I also understand that the details of each debit order will be printed on my bank statement as a separate line as proof thereof.
- I declare that all bank costs related to this debit order system and approval, will be for my own account.
- I understand and accept that I or the company can change this arrangement at any time in writing (by giving the other party 31 days' notice) or cancel this arrangement, given that it won't have any effect on the deductions of the company which was already agreed and authorised herein.
- I understand and accept that all payments in terms of this agreement will be made without any prejudice.
- I understand and accept that if any payment in terms of this agreement is not received, the relevant policy/ies will be cancelled effective from the last day of the uninterrupted period for which payment(s) were received.
- I accept that this request and authorisation will be applicable for all amounts payable from inception and monthly thereafter.
- I acknowledge that I need to ensure that premiums are collected for cover to remain in force.
- I understand and accept that the company reserves the right to adjust the premiums by giving thirty one (31) days written notice prior to the effective date of the change.

SIGNATURE OF ACCOUNT HOLDER DATE D D M M Y Y Y Y

Use of Personal Information Declaration

I hereby consent to Ambledown processing my personal information, including but not limited to, the administrative functions listed below.

- Processing this application;
- Processing of future instructions submitted;
- Communications with me in relation to any matters in relation to my policy.

I consent to Ambledown disclosing and transferring my personal information to any contracted 3rd party for the purposes of collecting premiums, claim assessments and statutory reporting in connection with this contract.

I acknowledge I have the right to –

- object to the processing of my personal information on reasonable grounds unless legislation allows for such processing, in the manner prescribed by the POPI Act;
- lodge a complaint with the Information Regulator;
- request from Ambledown details of any of my personal information Ambledown holds on my behalf and details of how my personal information has been processed.

Ambledown will use its best endeavors to ensure your personal information is reliable, however it remains your responsibility to advise Ambledown of any changes to your personal information in a timely manner. The information supplied to Ambledown must be complete, correct and up to date.

I understand why my personal information is required and the purpose it will be used and I, hereby, give Ambledown consent to process my personal information as provided above.

SIGNATURE OF APPLICANT PRINTED NAME OF APPLICANT DATE D D M M Y Y Y Y

Please return to your broker or alternatively:

Ambledown Financial Services (Pty) Ltd, PO Box 1862, Cramerview, 2060

Tel Number 0861 262533, Fax Number 011 463 1600, E-mail Address: admin@ambledown.co.za

Brokerage: FSP number:

Tel number: Email address:

ambledown FINANCIAL SERVICES (PTY) LTD

Ambledown is an Authorised Financial Services Provider, No. 10287

ORIGIN

GUARDRISK TAILORED RISK SOLUTIONS

Guardrisk Insurance Company Limited, a licensed Non-Life insurer and an authorised Financial Services provider (No.75)