



AMENDMENT OF DEBIT ORDER DETAILS

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NOTES

1. This form must be completed when requesting an amendment of debit order details.
2. All details must be completed in BLACK INK. Please print clearly – one letter per block.
3. The policy number and effective date of change must be completed.
4. **Only those details that are being added, amended or deleted must be completed.**
5. No change will be implemented without the signature of the Accountholder.
6. If the policy is ceded collaterally, no changes will be made without the consent of Collateral Cessionaries.

POLICY NUMBER EFFECTIVE DATE OF CHANGE

APPLIX REFERENCE NUMBER (if applicable)

PAYMENT DETAILS

Name of Bank

Branch

Account number

Account Type Current Transmission Savings

Branch Code - - -

Name of Accountholder

Debit Date* / /

Annual Payment**

Signature of Accountholder

NOTE: Proof of account must accompany all changes of debit order details. This must be in the form of a cancelled cheque or bank statement.

*If the debit date is not selected, it will default to first of the month. Debit dates selected from the 11th to 31st will be for the following month's premium due.

**Can only be changed on the policy anniversary.