

## Policyholder Details

Prefix _____	Initials _____	First Name _____	Surname _____
Date of Birth _____		Identity Number _____	
Address _____		Telephone (H) _____	
_____		Telephone (W) _____	
_____		Telephone (C) _____	
_____		Postal Code _____	

## Account Holder Details

Prefix _____	Initials _____	First Name _____	Surname _____
Name of Bank _____		Bank Clearing Code _____	
Branch _____		Town/City _____	
Account Number _____		<input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Transmission Account	

## Details of Premiums

Policy Number _____	Premium _____	Policy Number _____	Premium _____
Policy Number _____	Premium _____	Policy Number _____	Premium _____
Policy Number _____	Premium _____	Policy Number _____	Premium _____
Policy Number _____	Premium _____	Policy Number _____	Premium _____

I hereby grant permission for Old Mutual Group Schemes to arrange with the above Bank, or any other Bank to which I might change my account, for payment of the premiums due (current and/or arrears in terms of the policy (including amendments that may be made during the life of the policy)) from my account on the.....day of.....and every .....month(s) thereafter in accordance with the debit order system.

Policyholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Account Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Capacity \_\_\_\_\_  
(only applicable if a company is the payer)

**IMPORTANT**

If you transfer your account at any time, please advise OLD MUTUAL GROUP SCHEMES immediately of your new account number. Contact our Communication Centre on \_\_\_\_\_, or write to

OLD MUTUAL GROUP SCHEMES  
Client Services