



Debit Order Instruction

Details

Name of payer (Legal Entity ¹) (T/As / C.C. / Pty Ltd ¹)

Address of Payer / Insured

Bank

Branch

Clearing Code

Account number

Account type

Vat Reg No ²

Company registration number ³

Instruction

The debit order date must be on the following day of the month: 1st 7th 15th

I/We the undersigned, request and authorise IOM / HIC Underwriting Managers (Pty) Ltd. to draw against my / our account the amount necessary for payment of the total inclusive monthly premium and any standard fees in respect of the insurance policy on the specified working day of each month.

The above may commence on the following date

I/ We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks and I/we also understand that details of each withdrawal will be printed on my/our bank statement with the reference prefix "HIC" and will be followed by your policy or agreement number.

This authority remains in force until cancelled in writing by me/us or IOM/HIC Underwriting Managers (Pty) Ltd.

POPI Consent and Declaration

Consent to processing of personal information

The personal information provided by the potential policyholder and/or its representatives in terms of this insurance policy application will be used:

- By the underwriting manager, insurer, its employees and service providers for the provision of policy benefits, underwriting and administration of the policy, statistical analyses and the investigation and processing of claims in terms of the policy;
- To confirm risk information, risk management data, information from public sources including but not limited to addresses, and to verify ownership;
- To comply with legal and regulatory requirements as well as industry codes.

We will take all reasonable steps to ensure that all personal information is used, processed and stored in accordance with the relevant legislation, including but not limited to PAIA and POPIA.

I hereby confirm that all of the Personal Information provided above is accurate and is supplied voluntarily. I hereby authorise processing of my Personal Information as set out above and I understand the purposes for which it is required.

HOSPITALITY, INDUSTRIAL & COMMERCIAL UNDERWRITING MANAGERS

Directors D Wilensky (Managing Director), V Hayter (Director), I Chindotana (Director) | Reg. No. 1998/003265/07
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POPI Consent and Declaration

I/We Hereby declare the foregoing particulars to be true in every respect.

Signed at

Payer signature

Witness name

Witness signature

- 1 To comply with regulation this form must be in the name of a legal person or company.**
- 2 To comply with regulation this must appear on all invoices including insurance premiums - please insert N/A if not a Vat vendor.**
- 3 If applicable, company registration number to be inserted.**