

DEBIT ORDER AMENDMENT FORM

Please complete and forward to:
Email: membership@petsure.co.za
Fax: 086 661 0990



POLICYHOLDER'S DETAILS

| | |
|------------------------|-------------|
| FULL NAME AND SURNAME: | CONTACT NO: |
| EMAIL ADDRESS: | POLICY NO: |

PREMIUM DETAILS

No of Insured Pets: Dogs: _____ Cats: _____

Total Monthly Premium incl. VAT: R _____

PLEASE SUPPLY BANK DETAILS

Monthly Debit Order Monthly Debit Order and Claims Refunds Claims Refunds Only

*Premiums are payable on a monthly basis by debit order only, unless otherwise stated. If two or more debit orders are returned **dotsure.co.za** will not be held liable should the policy be automatically terminated, or should claims incurred during this period not be paid.*

Tick Appropriate Bank Account:

NEDBANK STANDARD FNB ABSA INVESTEC CAPITEC

Other Bank used (if not mentioned above) _____

Account Holder: _____ Account Number: _____

Bank Branch Code: _____ Account Type (Chq/Savings): _____

Policies start on the 1st of each month and there is a **one calendar month waiting period from the start date of your policy** during which time you cannot claim.

Debit Order Date preferred: 26th (for the next month) 1st 4th

- I hereby authorise dotsure.co.za to draw from my account the monthly subscription due in terms of the cover*
- I have chosen, plus VAT at the ruling rate. I may cancel this Debit Authorisation by giving ONE CALENDAR MONTH'S written notice.*

The Account holder of the bank account must sign this form and not the Policyholder.

Account Holder's Name: _____

Account Holder's Signature: _____ Date: _____



Petsure is a product of Dotsure Limited (Registration number 2006/000723/06) a licensed non-life insurer and an authorised financial services provider (FSP39925).