



CLOSING INSTRUCTION OF POLICY

Rodel Administration Services (Pty) Ltd is an authorised financial services provider - FSP 5431
 A proud member of the Financial Intermediaries Association of Southern Africa (FIA)
 • VAT Nr. 4420210264 • Reg Nr. 1997/013419/07

POLICY INCEPTION DATE:	
UNDERWRITER:	
BROKER:	
NETTO PREMIUM:	
BROKER FEE:	
ADMIN FEE:	
TOTAL DEDUCTIBLE MONTHLY PREMIUM:	
COMPANY DETAILS	
FULL NAME OF INSURED:	
BRANCH:	
COMPANY REGISTRATION NO.:	
VAT NUMBER:	
PHYSICAL ADDRESS:	
POSTAL ADDRESS:	
WORK TELEPHONE NUMBER	
CELLPHONE NUMBER	
EMAIL ADDRESS:	
CLAIMS HISTORY:	
DEBIT ORDER DETAILS:	
BANK NAME	
BRANCH CODE:	
ACCOUNT TYPE	
ACCOUNT NUMBER	
ACCOUNT HOLDER	
BRANCH CODE	
DEBIT ORDER DATE:	1st 7th (circle debit order date)
LINKED ALARM	YES <input type="checkbox"/> NO <input type="checkbox"/>

DECLARATION

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement"). I/ We hereby authorize you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days. In the event that the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. I/We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks. I also understand the details of each withdrawal will be printed on my Bank statement.

A. Mandate/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

B. Cancellation/We agree that although this Authority and Mandate may be canceled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force.

C. Assignment/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement this Authority and Mandate cannot be assigned to any third party.

D. You agree to an ITC check conducted upon quotation, annual renewal, policy amendments and at point of claim.

E. You agree and accept the fees applied where applicable and upon request the signed consent form, record of advice and/ or needs analysis can be shared with the Administrator and Insurer when this is requested.

Not everyone has the necessary equipment available to submit a signed copy of the agreement, therefore, please tick here to indicate that you have read and agree to the terms presented in the above agreement:

Signed at: _____ on this _____ day of _____ 20 _____.

Position held: _____

• T: 011 100 1999 • W: www.rodelsa.co.za

A: 269 Veale St, Nieuw Muckleneuk, Pretoria, 0181