

**DEBIT ORDER FORM**

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

**Policyholder Details**

Title \_\_\_\_\_ Surname \_\_\_\_\_  
 First name(s) \_\_\_\_\_ ID no. \_\_\_\_\_  
 Email address \_\_\_\_\_ (compulsory) Policyholder no. \_\_\_\_\_

**Banking Details of Policyholder**

Account holder \_\_\_\_\_  
 Name of bank \_\_\_\_\_  
 Branch code \_\_\_\_\_  
 Type of account \_\_\_\_\_  
 Account number \_\_\_\_\_

If you wish to pay your premium monthly via debit order, please confirm which day we must debit your account each month? 1st 7th 15th

If you wish to pay your premium annually via debit order, please confirm which day and month we must debit your account each year? \_\_\_\_\_

The following reference will be used for your debit order The word EQUIPAGE followed by your policyholder number

**Declaration by Policyholder**

1. I authorise Hollard to debit my bank account with my premium on the premium collection date shown above.
2. I agree that Hollard will pay any amount that is owed to me into the same bank account.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 Name and surname of policyholder Signature