santam

METHOD OF PREMIUM PAYMENT - DEBIT ORDER

To be debited against

- cheque account ☐
- transmission account ☐
- credit card account ☐

Account Holder
(name of account at institution)

Cheque/Transmission account no.
(Client identification no.)

Credit card no.
(Client identification no.)

Identification number of Institution
(e.g.. Bank clearance no.)

Name of Bank/Building Society
credit card
(Name of the Institution)

Postal address of bank/building society/credit card

I authorise Santam Limited (SANTAM) to deduct the amount of the premium for this policy from my account at the abovementioned institution in any way that Santam and the institution have agreed upon. I also authorise Santam to pay any amounts which may accrue to me, to the credit of my account with the abovementioned institution.

All such withdrawals from my bank account by you shall be treated as though they had been signed by me personally.

I acknowledge that Santam is authorised to effect drawings and credits against my account and may not cede or assign it's rights to any third party without my written consent.

SIGNATURE OF ACCOUNT HOLDER

DECLARATION

I/We hereby declare that the particulars and declarations in this respect are correct and complete and include all information know to me/us and which concern the risks to be insured, and that this and any other written declaration made by or on behalf of me/us for the sake of the requested insurance will be the foundation of, and will be incorporated in, the agreement between me/us and Santam Limited and that it will be binding. I/We also declare that should such particulars and answers be in the handwriting of any other person except myself/ourselves, such a person will be considered to have been my/our agent for the purpose of filling out the application. I/We hereby further declare that only those policy sections where I/we indicated by answering the questions that cover was required will apply.

Date

Signature of Applicant

FROM (MON) MAY 7 2007 15:34/ST. 15:34/NO. 6465263298 P 1