



Debit Order Mandate

Written authorisation

I, _____ hereby authorise the designated collections agency as selected and contracted by Tranquille and/or BOUWEN to debit my account, as stated below, on the 1st / 5th / 7th (Please select) of the month. If none is selected the date shall be the 1st of every month. This signed mandate and authority relates to the insurance contract (referred to as "the agreement") signed by you on _____ with policy/reference number _____.

Account Holder Name:			
Account Holder Address:			
Account Number:		Termination Date:	upon cancellation or lapse of the agreement/policy
Name of Bank:		Beneficiary:	INSURER
Branch Name:		Branch Number:	
Account Type: (Current/Cheque/Savings /Transmission)		Beneficiary's Address:	
Amount: This amount may vary each month, due to: a) Annual increases b) Costs incurred where debit orders are returned unpaid c) Changes to the agreement/policy		Bank Account Reference: *This will reflect on you bank statement	***Policy Number***
First Payment Date:		Debit order frequency:	(Monthly/Quarterly/Annually/Once Off)

AUTHORITY

I hereby authorise BOUWEN Engineering (Pty) Ltd, Tranquille Underwriting Managers (Pty) Ltd, and/or its authorised agents and/or cessionary to draw against the above (my) account (or any other Bank to which I may transfer my account) the amount necessary for the payment of the amount payable by myself in terms of the Agreement. I agree that the first payment instruction will be issued and delivered on the first payment date and thereafter regularly, until the termination date, and according to the Agreement. Each individual payment instruction may not differ as agreed to in terms of the Agreement. If the payment day falls on a Sunday, or a recognised South African public holiday, the payment day will automatically be the very next ordinary business day. This Authority shall remain in force until canceled by giving 30 (thirty) days' notice in writing. I acknowledge and consent that this authority may be ceded or assigned to a third party if the agreement is also ceded or assigned to That third party.

CANCELLATION

I acknowledge that canceling this Authority does not cancel the Agreement. I agree that in the event of cancellation, I am not entitled to any refunds of any amount withdrawn while this Authority is in force if amounts were legally owed.

MANDATE

I acknowledge that all payment instructions issued shall be treated by our above-mentioned Bank as if the instruction has been issued by me

Signature: _____

Name: _____

Designation: _____

Date: _____

Signature:
(Duly Authorised)

8 Castanea Place, Florida Glen, Roodepoort 1709

contact@bouwen.co.za | (Office) +27 (0) 10 592 1996

BOUWEN Engineering in affiliation with Tranquille Underwriting Managers (Pty) Ltd, FSP no 54312, an authorised financial service provider. BOUWEN Engineering is a Juristic Representative of Tranquille Underwriting Managers. Copyright © 2018 Bouwen Engineering (Pty)Ltd SOUTH AFRICA

Directors: M Hollenbach | AG Martin

