

# POLICYHOLDER DETAILS AND DEBIT ORDER FORM



## POLICYHOLDER DETAILS

Title : Dr / Mr / Mrs / Miss / Other \_\_\_\_\_ Physical Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
First Name : \_\_\_\_\_  
Last Name : \_\_\_\_\_  
ID No: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email Address: \_\_\_\_\_  
\_\_\_\_\_  
postal code \_\_\_\_\_

The premiums for the following pets will be debited to your account

No	Pet's Name	Date of Inception	Premium Payable
1			R
2			R
3			R
4			R
5			R
6			R

## AUTHORITY TO DEBIT ACCOUNT

R2.00 will be donated to an animal welfare organisation when P.uma collect your premium

Account Holder \_\_\_\_\_ Bank Name: \_\_\_\_\_ Branch Code: \_\_\_\_\_  
Account Number \_\_\_\_\_  
Account Type  Current  Saving Debit Day

I request and authorise P.UMA(PTY) Ltd to draw against the above mentioned account, the amount necessary for payment of the monthly premium, as and, when required. This amount will debit every month until this arrangement is canceled in writing by either party. I accept that, if the debit date falls on a weekend, I will be debited on the subsequent working day. If no debit date is selected P.UMA reserves the right to select the last working day of each month.

Signature

Date

I the Policy Holder hereby confirm that I have read and understand the General Requirements and what is not covered by this policy

This policy is available through Inn Focus An Authorised Financial Services Provider : Licence No : 16444 brought to you by P.uma on behalf of Renasa  
Insurer : Renasa Insurance Company Ltd – Reg No : 1998/000916/06 VAT NO : 4290173253 FSP NO : 15494  
Underwriting Managers : Pet Underwriting Managing Agency – Reg No : 2011/107009/07 VAT No : 4280260425 FSP No. 44387

