



TRI-MARINE ACCEPTANCES (PTY) LTD

Company Registration No: 2012/089555/07

Marine Insurance Specialists

W: www.trimarine.co.za | FSP No: 44286

A: Unit UF02, Lionshead House, Greenford Office Estate, Punters Way, Kenilworth, 7700.

PA: P.O Box 347, Plumstead, 7801, Cape Town, South Africa.

T: +27 21 701 8023 | 701 7948 | 701 7943 | F: +27 21 701 7912

DEBIT ORDER AUTHORITY FORM

| INSURED'S DEBIT ORDER DETAILS: | | | | | | | |
|------------------------------------|-----------|--|--------|-----------------|-----------------|--|------------------|
| Insured: | | | | Policy Number: | | | |
| Premium Amount: | | | | Deduction Date: | 1 st | | 15 th |
| Full Name & Surname: | | | | | | | |
| ID Number / Company ID: | | | | | | | |
| Indicate how premium will be paid: | Once -Off | | Annual | | Monthly | | |

| ACCOUNT DETAILS: | | | | | | |
|--|--------|--|--------------|--------------|---------|--|
| Name of Account Holder: | | | | | | |
| Bank: | | | | Branch Code: | | |
| Account Number: | | | | | | |
| Type of Account: | Cheque | | Transmission | | Savings | |
| Please Note the following: <ul style="list-style-type: none">• If cheque account, please provide bank statement not older than three months.• If transmission / savings account, documentary evidence of the account number must be produced.• TRI-MARINE ACCEPTANCES (PTY) LTD is an Authorised Financial Services Provider No 44286 | | | | | | |

| AUTHORISATION AND CONSENT: |
|--|
| AUTHORISATION <p>I/We hereby confirm acceptance of the above-mentioned insurance policy and authorise Tri-Marine Acceptances (Pty) Ltd., and/or Infiniti Insurance Limited to issue and deliver payment instructions to their Banker, to draw on my/our account at the under mentioned institution in any manner agreed on between Tri-Marine Acceptances (Pty) Ltd., and/or Infiniti Insurance Limited and such institution, the amount of the premium payable on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and request the aforesaid institution to debit my/our account with all debits drawn against it by Tri-Marine Acceptances (Pty) Ltd., and/or Infiniti Insurance Limited .</p> <p>All such withdrawals from my/our bank account by Tri-Marine Acceptances (Pty) Ltd., and/or Infiniti Insurance Limited shall be treated as though they had been signed by me/us personally.</p> <p>I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by South African Banks. I/We also understand the details of each withdrawal will be printed on my Bank statement bearing a specific reference number which will reflect Tri-Marine and your policy number as confirmed in the policy documents.</p> <p>This authority may be cancelled by me/us by giving Tri-Marine Acceptances (Pty) Ltd., and/or Infiniti Insurance Limited thirty days' notice in writing, however I/we understand that I/we shall not be entitled to any refund of amounts which Tri-Marine Acceptances (Pty) Ltd., and/or Infiniti Insurance Limited has withdrawn while this authority was in force, if such amounts were legally owing to Tri-Marine Acceptances (Pty) Ltd., and/or Infiniti Insurance Limited.</p> <p>I/we certify that the above bank details are correct. If these banking details have not been provided accurately, or if the details change at any time in the future and I/we fail to notify such changes or if payments are not made in accordance with the Debit Order Instruction, the responsibility of payment will rest with me/us. If two or more debit orders are returned Tri-Marine Acceptances (Pty) Ltd., and/or Infiniti Insurance Ltd. will not be held liable should the policy be automatically terminated and should claims incurred during this period of suspension not be paid.</p> <p>I/We acknowledge that any fees and charges levied by the bank on account of the debit order or any debit order payments which may be rejected for any reason whatsoever will be for my/our account.</p> |

TRI-MARINE ACCEPTANCES (PTY) LTD

Email Address: info@trimarine.co.za an Authorised Financial Service Provider FSP 44286

Directors: I D Smith (CEO), T Smith (Managing), S Smith



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GENERAL POPI CONSENT CLAUSE

By providing the information on this debit order form, you agree that we may use this information to provide you with insurance service and for administrative purposes. You also agree that we may disclose this information to persons that it is necessary to disclose this information to, to provide you with insurance services.

The Parties acknowledge that for the purposes of performing this debit order instruction, it will be necessary to process the insured's private information including making that information available to other associated parties, insurers or reinsurers. In addition, the insured consents to the transfer of that information to the reinsurers even if those reinsurers are situated outside the Republic of South Africa, for use in connection with the performance of this contract and any related reinsurance contract.

NAME OF SIGNATORY:

SIGNATURE OF ACCOUNT HOLDER:

DATE: