

NAPTOSA DEBIT ORDER FORM 2023

Please email this form back to:
naptosa@smollan.com

Insurer:
Lombard Insurance Company Limited
(Reg. No. 1990/001253/06) FSP no. 1596

Risk and Underwriting Managers:

Turnberry Management Risk Solutions (Pty) Ltd
(Reg no : 2007/026488/07) FSP no. 36571

Policy No.

Please complete and return by fax to: 086 649 0417 | Email to: admin@turnberry.co.za

Principal Insured Person: ID Number:

A. DEPENDANT DETAILS

Spouse/Partner and children up to the age of 26 years who are registered on the Principal Insured person or Spouse/Partner's Medical Scheme may be added to the Policy at no additional cost.

Name of Dependant		Identity Number (Date of Birth if no ID No)	Gender M/F	Relationship to Policyholder
Surname	First Name			

B. PRODUCT AND PREMIUMS

PREMIER GROUP: R 240 per family per month (includes a R45 admin fee)

This fee (Admin Fee) is a fee payable or owing by you, the Policyholder, to your broker, for advisory services, including, financial or risk planning and up-front and ongoing advice, which services have or will be provided to you by your broker. Turnberry will collect this fee, together with your premium, and pay the entire amount to your broker. If you are unhappy with the advisory services provided by your broker, you are entitled to cancel the payment of the Admin Fee at any time by contacting your broker.

While this notice has been prepared by Turnberry in good faith, no representation, warranty, assurance or undertaking (express or implied) is or will be made, and no responsibility or liability is or will be accepted by Turnberry or its officers, employees or agents in relation to the adequacy, accuracy, completeness or reasonableness of the advisory services provided by your broker. All and any such responsibility and liability is expressly disclaimed.

C. BANK DETAILS FOR DEDUCTIONS OF MONTHLY PREMIUM BY DEBIT ORDER

Account Holder's Name	<input type="text"/>	Name of Bank	<input type="text"/>
Account Number	<input type="text"/>	Branch Code	<input type="text"/>

Type of account: Cheque Savings Transmission
 Date account to be debited: 1st 7th 15th 25th

Please note, should the collection date selected fall on a weekend or public holiday, a debit will be processed against your account on the first working day following the weekend or public holiday

I hereby request and authorise Turnberry Management Services (Pty) Ltd to draw against my bank account with the abovementioned bank (or any bank/branch to which I may transfer my account) the amount necessary for payment of the premiums (as well as any renewal or adjustment premiums and Policy fees due) in respect of the aforementioned insurance benefits. All such withdrawals from my bank account by Turnberry shall be treated as though they had been signed by me personally. I agree to pay the bank charges in connection with this instruction and authorise Turnberry to increase the amount of each withdrawal so as to recover the costs thereof in accordance with the South African Clearing Bank's tariff in force at the time. I understand that: 1) the withdrawals hereby authorised will be processed by computer, and 2) details of each withdrawal will be reflected on my bank statement or on the accompanying voucher, and 3) the obligation to ensure that my monthly payments are received remains with me despite the granting to Turnberry of this authority and 4) that this authority may be ceded or assigned to a third party, if this Policy is also ceded or assigned to the third party. This authority shall continue in full force and effect until cancelled, by me, giving 31 days' written notice thereof sent to Turnberry by prepaid registered post. I understand that such cancellation may result in the cancellation of the Policy and it will not relieve me of the liability in respect of any unpaid balance owing to Turnberry. In addition, I shall not be entitled to any refund of any amount which Turnberry has withdrawn regarded as receipt thereof by my bank.

Signature of Account Holder: _____ Date: