

Bryte Insurance Company Limited

A Fairfax Company

Registration number: 1965/006764/06 VAT number: 4530103581

Authorised Financial Services Provider No. 17703

15 Marshall Street, Ferreirasdorp, Johannesburg, 2001 PO Box 61489, Marshalltown 2107

Please complete this form in BLOCK CAPITALS and send it to your broker or to Bryte Insurance Company Limited.

Name of applicant			For office use
Postal address			Customer number
			PCF _____
Request to debit my/our account			
From	Name		
	Address		
			Date
To	Bryte Insurance Company Limited		
Re	My/our application for premium credit facility		
The details of my/our current cheque account are as follows:	Bank		
	Branch name		
	Account number		
<p>I/We hereby request you to draw against my/our current account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account), the amount necessary for payment of the monthly installment due in respect of the abovementioned facility on or shortly after the last working day of the respective month commencing _____</p> <p>_____. I/We authorise my/our bank, whichever it is or will be, to debit my/our account with the amount debited by you in terms of my/our request.</p> <p>I/We understand that the withdrawals hereby authorised will be processed by computer through a system known as the Magtape Service and I/we also understand that if my/our account is computerised I/we will not receive any voucher, but details of each withdrawal will be printed on my/our bank statement.</p> <p>This request may be cancelled by me/us by giving you thirty days' notice in writing, sent by prepaid registered post. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).</p>			
Signed at _____ on this _____ day of _____ 20 _____			
Signature(s) as used for signing cheques			
Assisted by _____ Capacity _____			
NOTE: A cancelled cheque must be attached for bank identification purposes.			