



Bank Details Amendment Form

POLICYHOLDER'S DETAILS

FULL NAME AND SURNAME:	CONTACT NO:
EMAIL ADDRESS:	POLICY NO:

PREMIUM DETAILS

No of Insured Pets: Dogs: _____ Cats: _____

Total Monthly Premium incl. VAT: R _____

PLEASE SUPPLY BANK DETAILS

Monthly Debit Order
 Monthly Debit Order and Claims Refunds
 Claims Refunds Only

Premiums are payable on a monthly basis by debit order only, unless otherwise stated. If two or more debit orders are returned dotsure.co.za will not be held liable should the policy be automatically terminated, or should claims incurred during this period not be paid.

Tick Appropriate Bank Account:

NEDBANK
 STANDARD
 FNB
 ABSA
 INVESTEC
 CAPITEC

Other Bank used (if not mentioned above)

Account Holder: _____ Account Number: _____
Bank Branch Code: _____ Account Type (Chq/Savings): _____

Policies start on the 1st of each month and there is a one calendar month waiting period from the start date of your policy during which time you cannot claim.

Debit Order Date preferred: 26th (for the next month) / 1st / 4th

- I hereby authorise dotsure.co.za to draw from my account the monthly subscription due in terms of the cover I have chosen, plus VAT at the ruling rate.
- I may cancel this Debit Authorisation by giving ONE CALENDAR MONTH'S written notice.

The Account holder of the bank account must sign this form and not the Policyholder.

Account Holder's Name: _____

Account Holder's Signature: _____ Date: _____

Please complete and forward to Email: membership@petsure.co.za or Fax: 086 661 0990

