

Regal Pet Insurance

Bank Update Form



Please complete and forward to membership@petsure.co.za

Policy Holder Details: Surname: Mr/Mrs/Ms/Miss _____	Initials: _____	Contact No: _____
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POLICY No: _____

Premium Payment - Account Details

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

Bank Debit Account

If changes are being made to this account, please confirm if there are any changes to the claims refund account.

Tick Appropriate Bank Account:

- NEDBANK - STANDARD - FNB - ABSA - INVESTEC - OTHER

Other Bank used (if not mentioned above) _____

Account Holder: _____ Account Number: _____

Name of Branch: _____ Bank Branch Code: _____

Account Type (Chq/Trsm/Savings): _____

Credit Card Details

If changing from debit order to credit card please supply alternative bank account for claims purposes only as claim refunds will not be refunded to credit cards.

Please Debit my: - Visa - MasterCard - Amex - Diners

Credit Card

Expiry Date: CVV:

I hereby authorise The Hollard Insurance Company Ltd to draw from my account the monthly subscription due in terms of the cover I have chosen (VAT inclusive). I may cancel this Debit Authorisation by giving **one calendar month's** written notice.

Account Holder's Name: _____

Account Holder's Signature: _____

Claims Refund - Account Details

To be completed if premium payment debit account is different to claims refund account or, if credit card details are used for premium payment.

Tick Appropriate Bank Account:

- NEDBANK - STANDARD - FNB - ABSA - INVESTEC - OTHER

Other Bank used (if not mentioned above) _____

Account Holder: _____ Account Number: _____

Name of Branch: _____ Bank Branch Code: _____

Account Type (Chq/Trsm/Savings): _____

Policy Holder's Name: _____

Policy Holder's Signature: _____

Administered by

Underwriting Manager and Administrator
PetSure (Pty) Ltd ("PetSure")
Reg. No. 1991/007261/07
Authorised Financial Services Provider
Licence Number 9846
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