

Update Banking Details Form

IMPORTANT NOTE: Amendments received after the 15th of the current month will only activate on the first of the following month. Email address: kaelogap@kaelo.co.za

A Policyholder Details:

First Name: _____
Surname: _____
ID/Policy Number: _____

B Debit Order Details:

Change of banking details

Account Name: _____ Account Number: _____
Branch Name: _____ Bank Name: _____
Account Type: _____ Bank Code: _____
Debit Order Date: Last working day of the month Premium: _____
Name and Surname of Premium Payer: _____
Signature: _____

Please note Premiums are due in arrears.

Please submit a copy of your bank statement or a bank confirmation letter not older than three months with this form.

I would also like to update the bank details where my claims will be paid.

Broker House: Aon South Africa (Pty) Ltd - Jacqui Nel
Tel No: 0860 100 404
Broker code:H69X

C Broker Details:

Broker House Name: _____ Broker Consultant Name: _____

D Declaration:

I, _____ (full name) declare that this amendment form, whether in my handwriting or not, is accurate and complete and forms the basis of the contract of insurance between the Insurer and myself. I agree to abide by its Policy rules and/or those of its Insurer and any amendments which may be made from time to time. I confirm that all the information provided is complete and true.

Premiums due to Centriq are payable monthly. Premiums that are in arrears will result in my Policy being suspended or possibly terminated. Where applicable, I authorise Kaelo to draw against the above bank account all amounts due to Centriq in terms of this insurance cover. Should the Insurers adjust the relevant Premiums, I confirm that the adjusted amount may be drawn from the above account subject to the notice period outlined in the Policy. This request is to remain in force unless cancelled by one month's written notice. Where my employer deducts the Premiums from my salary, I provide authority for my employer to deduct such Premiums and pay this across to Centriq. I accept that any notice given to my employer is deemed to have been given to me.

I consent to Centriq and its operators processing and further processing my personal information in accordance with the Protection of Personal Information Act to conclude and perform in terms of this insurance contract.

For further information please read our Privacy Notice, which can be found on www.centriq.co.za

Signature: _____ Date: _____