



Administrators (Pty) Ltd

An authorised financial services provider – FSP: 26848

Request to Change Bank Details / Debit Order

Call Centre: 010 021 0260

Fax: 086 683 1913

E-Mail: office@curaadmin.net

1. Principal Details:

| | | | |
|----------------|----------------------|-----------|----------------------|
| Policy Number | <input type="text"/> | Surname | <input type="text"/> |
| First Name | <input type="text"/> | ID Number | <input type="text"/> |
| Cell | <input type="text"/> | | |
| E-mail Address | <input type="text"/> | | |
| Postal Address | <input type="text"/> | | |
| | <input type="text"/> | Code | <input type="text"/> |

I, the undersigned, hereby request Cura Administrators to amend my bank details with effective date _____

and all future deductions to be deducted on _____ (deductions from 1st to 15th of a month).

2. Bank Details:

| | | | |
|--------------------------|--|---|--|
| Account Holder's Name | <input type="text"/> | | |
| Bank Name | <input type="text"/> | Branch Name | <input type="text"/> |
| Account Number | <input type="text"/> | Branch Code | <input type="text"/> |
| Account Type | Current Account <input type="checkbox"/> | Transmission Account <input type="checkbox"/> | Savings Account <input type="checkbox"/> |
| Account Holder Signature | _____ | | Date _____ |
| Client Signature | _____ | | Date _____ |

All completed documents and relevant documentation must reach our office before the 15th of a month in order for changes to be effective for the 1st of the following month.

No deductions will be allowed from a credit card account.

Please Attach:

A copy of the Premium Payer's ID document;
 Proof of bank details (Top section of bank statement / Cancelled cheque / Letter from bank)
 Company Deductions - Letter on company letterhead confirming deduction can be made