



Monthly Debit Order Form



If you wish to pay your insurance premiums monthly please complete this form.

Policy Holder's Name: _____

Action Date: _____ (if other than the 1st of the month)

BANK DETAILS	
NAME OF BANK:	
ACCOUNT HOLDER'S NAME:	
ACCOUNT NUMBER:	
BRANCH NAME AND TOWN:	
BRANCH CODE:	
TYPE OF ACCOUNT:	

(Please note that the monthly debit order is subject to a broker fee of 10%)

Please note that when paying your Annual Premium on a Monthly Debit Order the following applies for cancellations: According to the policy wording there is a Short Rate Scale calculation that is applied for cancellations during the policy period. The below percentages are retained according to the number of days your horse has been on cover. After 9 months the full annual premium must be settled if you cancel the policy before renewal.

Short Rate Scale:

1 month:	20% of the premium	6 months:	70% of the premium
2 months:	30% of the premium	7 months:	75% of the premium
3 months:	40% of the premium	8 months:	80% of the premium
4 months:	50% of the premium	9 months:	85% of the premium
5 months:	60% of the premium	Over 9 months:	100% of the premium

I hereby authorize THE HOLLARD INSURANCE COMPANY LTD to draw from my account the monthly subscription due in terms of the cover I have chosen, inclusive of VAT at the ruling rate.

DATE: _____

SIGNATURE: _____