UNITYHEALTH

GROOMS EMPLOYER DEBIT ORDER APPLICATION FORM

Underwritten by Constantia Insurance Company Limited (CICL), Reg. No. 1952/001514/06, FSP No: 31111 (The Insurer)

FOR OFFICE USE ONLY	
POLICY NUMBER	

GROOMS DETAILS

NAME OF STABLES															
ADDRESS															
										POSTAL CODE					

GROOMS CONTACT PERSON

MANAGER NAME															
CONTACT NUMBER									E-MAIL						
MANAGER'S ASSISTANTANT															
CONTACT NUMBER									E-MAIL						

PREMIUM PAYMENT

DEBIT ORDER DETAILS

ACCOUNT HOLDERS NAME															
ACCOUNT NUMBER															
BANK / BUILDING SOCIETY									BRANCH						
BRANCH CODE								ACCOUNT TYPE		TRANSMISSION		CURRENT		SAVINGS	

PLEASE ENTER PREFERRED DEBIT ORDER COLLECTION DATE (eg: 1st, last working, 29th, etc.)

		DAY OF THE MONTH

Please note that premiums are collected in advance on your selected debit order date indicated above.

***Attach copies of the bank account confirmation letter**

In respect of the Unity Health Group Policy for the Grooms, I hereby authorise the Insurer or its representative to debit the account in accordance with the Debit Order System. A premium of R_____ per member per month will be deducted for the insurance period of 2017/1/01 - 2017/12/31. Such authorisation shall remain in force and effect until cancelled in writing with one calendar months' notice. I further authorise the Insurer to increase the amount due in terms of the policy from time to time and authorise my bank to effect payment on relevant increases. Notwithstanding the fact that I grant the Insurer permission to collect premiums, I acknowledge that I need to ensure that premiums are collected for cover to remain in force.

AUTHORISED SIGNATURE	PRINT NAME	SIGNATURE DATE	D	D	M	M	Y	Y	Y	Y
		COMMENCEMENT DATE	D	D	M	M	Y	Y	Y	Y

MEMBER PARTICULARS

NO.	FIRST NAMES		DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y
	SURNAME		ID NUMBER								
	CELL NUMBER	CODE	EMAIL								
	STREET ADDRESS										
	SUBURB		CITY		POSTAL CODE						
NO.	FIRST NAMES		DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y
	SURNAME		ID NUMBER								
	CELL NUMBER	CODE	EMAIL								
	STREET ADDRESS										
	SUBURB		CITY		POSTAL CODE						
NO.	FIRST NAMES		DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y
	SURNAME		ID NUMBER								
	CELL NUMBER	CODE	EMAIL								
	STREET ADDRESS										
	SUBURB		CITY		POSTAL CODE						
NO.	FIRST NAMES		DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y
	SURNAME		ID NUMBER								
	CELL NUMBER	CODE	EMAIL								
	STREET ADDRESS										
	SUBURB		CITY		POSTAL CODE						
NO.	FIRST NAMES		DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y
	SURNAME		ID NUMBER								
	CELL NUMBER	CODE	EMAIL								
	STREET ADDRESS										
	SUBURB		CITY		POSTAL CODE						
NO.	FIRST NAMES		DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y
	SURNAME		ID NUMBER								
	CELL NUMBER	CODE	EMAIL								
	STREET ADDRESS										
	SUBURB		CITY		POSTAL CODE						
NO.	FIRST NAMES		DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y
	SURNAME		ID NUMBER								
	CELL NUMBER	CODE	EMAIL								
	STREET ADDRESS										
	SUBURB		CITY		POSTAL CODE						
NO.	FIRST NAMES		DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y
	SURNAME		ID NUMBER								
	CELL NUMBER	CODE	EMAIL								
	STREET ADDRESS										
	SUBURB		CITY		POSTAL CODE						
NO.	FIRST NAMES		DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y
	SURNAME		ID NUMBER								
	CELL NUMBER	CODE	EMAIL								
	STREET ADDRESS										
	SUBURB		CITY		POSTAL CODE						

UNITYHEALTH

GROOMS EMPLOYER ACCEPTANCE FORM

Underwritten by Constantia Insurance Company Limited (CICL), Reg. No. 1952/001514/06, FSP No: 31111 (The Insurer)

I/WE, THE UNDERSIGNED, DECLARE ON BEHALF OF										
THAT THE LAST MENTIONED DECIDED ON	D	D	M	M	Y	Y	Y	Y	TO ACCEPT THIS PROPOSAL FOR AN INSURED BENEFIT	
ISSUED BY UNITY HEALTH, A DIVISION OF AMBLEDOWN FINANCIAL SERVICES (PTY) LTD.										
I/WE AGREE TO ACCEPT THE BENEFITS, PREMIUMS AND TERMS AND CONDITIONS SET OUT IN THE PROPOSAL.										
GROUP TYPE	COMPULSORY GROUP	X								
PLAN ACCEPTED	PRIMARY + HOSPITAL CARE									
	PLAN A	☐								
	PLAN B	☐								
	PLAN C	☐								
ACCEPTANCE FOR	EMPLOYEES ONLY	X								
	COMMENCEMENT DATE	D	D	M	M	Y	Y	Y	Y	
SIGNED AT										
THIS		DAY OF				Y	Y	Y	Y	

ON BEHALF OF THE CLIENT SIGNATURE | PRINT NAME IN BLOCK LETTERS | CAPACITY

WITNESS SIGNATURE | PRINT NAME IN BLOCK LETTERS