

P. O. Box 403200,  
3rd Floor, North Tower  
430 Square, CBD  
Western Commercial Road  
Tel: +267 3960214  
Email: [info@lordsinsure.co.bw](mailto:info@lordsinsure.co.bw)

## DEBIT ORDER AUTHORISATION FORM

### 1. Contact Person Details

Name & Surname		
Tel No	Email	
Mobile	Mobile(Other)	

### 2. Policy Holder Details

Title		
Full names		
Gender		
Identity number	Passport number	
Passport country of issue		
Postal address		
Residential address		
Telephone number		
Email address		

### 3. Banking details

Account holder		
Bank		
Branch		
Branch code		
Account no.		
Account type		

Premium Collection date	1st	3rd	5th	7th	10th	15th
	20th	21st	22nd	25th	28th	

1. I, the undersigned, authorise Lords Insurance Botswana, to debit my/the legal entity's account with the premiums/contributions due for the policy/contract. I undertake to inform Lords Insurance Botswana of any change in my/the legal entity's bank details and I authorise Lords Insurance Botswana to verify such bank details with the bank. I accept that Lords Insurance Botswana may debit the account on a date other than that specified. If I am signing on behalf of a legal entity, I declare that I am duly authorised to do so.
2. This authorisation will remain in force until I cancel it in writing.
3. Although Lords Insurance Botswana takes the utmost care to facilitate the debit order correctly and timeously, it remains the responsibility of the policyholder/ investment owner/fund member to make sure that premiums/contributions are paid on the policy/contract.
4. I declare that my estate or my joint estate/the entity has not been sequestrated/liquidated nor is it in the process of being sequestrated/ liquidated.

### Policy details

Policy Number

Premium Amount

Date of First premium collection

### Signature of Policy Holder

Signature (Policy Holder)

Date

Signature (Account Holder)

Date

### Contact Details

For arrear premiums please call **+267 3960214** to make payment arrangements.