

1. Contact Person Details

Mobile Mobile(Other)

Email address

Account type

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.