

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

DEBIT ORDER AUTHORISATION FORM

1. Contact Person Details

Name & Surname

Tel No Mobile

Email

Designation

2. Policy Holder Details

Insured Name

Postal address

Business address

Telephone number Fax Mobile

Email address VAT No.

3. Banking details

Account holder

Bank

Branch

Branch code

Account no.

Account type

Premium Collection date (Select)

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

Premium Amount

1. I, the undersigned, authorise Lords Insurance, to debit my/the legal entity's account with the premiums/contributions due for the policy/contract. I undertake to inform Lords Insurance of any change in my/the legal entity's bank details and I authorise Lords Insurance to verify such bank details with the bank. I accept that Lords Insurance 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 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 (Authorised signatory)

Signature (Policy Holder)

Date

Contact Details

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