

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	<input type="text"/>	
Tel No	<input type="text"/>	Mobile <input type="text"/>
Email	<input type="text"/>	
Designation	<input type="text"/>	

2. Policy Holder Details

Insured Name	<input type="text"/>	
Postal address	<input type="text"/>	
Business address	<input type="text"/>	
Telephone number	<input type="text"/>	Fax <input type="text"/> Mobile <input type="text"/>
Email address	<input type="text"/> VAT No. <input type="text"/>	

3. Banking details

Account holder	<input type="text"/>	
Bank	<input type="text"/>	
Branch	<input type="text"/>	
Branch code	<input type="text"/>	
Account no.	<input type="text"/>	
Account type	<input type="text"/>	

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 timely, 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.