



SRIC

Ensuring your tomorrow, today.

DEBIT INSTRUCTION

PERSONAL DETAILS

Full Name of Payer	<input type="text"/>
Present Address	<input type="text"/>
Name Of Bank	<input type="text"/>
Branch	<input type="text"/>
Account Number	<input type="text"/>
Monthly Premium	<input type="text"/>
Date of Debit	<input type="text"/> (select: 20th, 25th, 30th)
Commencement Date	<input type="text"/>
Policy Number	<input type="text"/>

I, the undersigned, request

The Swaziland Royal Insurance Corporation (hereinafter called SRIC) to draw against my bank account (wherever it may be), in any manner agreed on between SRIC and my bank, the amount necessary for payment of the items indicated below. I give my consent for premiums under SRIC policies, which are paid by means of Bank Stop Order, also to be charged over to this system of payment, and to be included under this request.

I also request

My Bank (whichever it is or will be) to debit my account with any debits drawn against it by SRIC and treat each one as if it had been signed by me personally. I undertake against the Bank that I shall regard receipt and acknowledgement by SRIC of this request as receipt and acknowledgement by the Bank.

I further understand and undertake that either I or SRIC may at any time cancel these arrangements in writing in respect of any or all of the items indicated, but that such cancellation will have no effect on any withdrawals already made by SRIC and the Bank in accordance with this request.

I further understand and undertake that SRIC will receive all payments in terms of this request without prejudice to its rights.

Name	<input type="text"/>	Date	<input type="text" value="DD / MM / YYYY"/>
Signature	<input type="text"/>		