Amendment of bank details

Discovery

How to complete this form

- This form must be completed when requesting a change of your banking details.
- All details must be completed in black ink and printed clearly. Please use one letter per block.
- The policy number and effective date of change must be completed.
- **Only the details that are being added, amended or deleted must be completed.**
- No change will be implemented without the signature of the accountholder.
- **Proof of account must accompany all changes of debit order details for individuals, company or trust owned policies and THIRD PARTIES. This must be in the form of a cancelled cheque, letter from the bank or bank statement (not older than three months).** Exceptions may only be made with management approval and on condition the owner and the payer are the same.

1. Important

Policy number to be affected by change	
Policy number to be affected by change	
Policy number to be affected by change	
Policy number to be affected by change	
Effective date of change	2 0 [Y Y M M D D]

I am changing the bank details in the role of   Payer ☐   Policy owner ☐   Absolute cessionary ☐   Trust ☐   Company ☐

2. Details for policyholder (owner)

Full names of policyholder

Contact number

Email address

Postal address

Signed at _____ on [Y Y Y Y M M D D]

Signature of policyholder _____

Signature of policyholder _____

3. Payment details, authority and mandate

This is for the account that will be debited for the policy premium. It is important that you provide us with the correct banking details from which to collect the premium. Discovery Life will not be legally responsible if you supplied us with incorrect banking details.

Non-natural entities (i.e. Company / Trust)
If the accountholder and policy owner are not the same entity, please provide us with a written and signed letter to authorise that Discovery Life can deduct the premiums from the bank account.
i.   If the accountholder is a company, the written authorisation must be on a letterhead with authorised signatories.
ii. If the accountholder is a trust, we will need the trust deed. No changes will be implemented without the signature/s of the trustees.

Natural persons (i.e. spouse, parent or other natural third party)
i.   In the event of a natural person giving authorisation to debit their account we will not require a signed letter of authorisation however the Discovery Life bank amendment form must be fully completed by both entities.

Do you want this debit order collection grouped with other collections debited on the same day from the same account details?   Yes ☐ No ☐

Payment frequency   Monthly ☐

Type of payer
Natural person ☐   Company ☐   Close corporation ☐   Trust with natural person as a beneficiary ☐
(At least one entity is required to be captured in the 'Legal Entities Relationship Verification Form' addendum if: The payer is a company or close corporation and the company registration number has not been supplied or the payer is not a natural person, company or close corporation)

Company/trust name

Registration number

First names

Surname of payer

138380 (V12) 07/19

3. Payment details, authority and mandate *(continued)*

Initials ☐☐☐ Title ☐☐☐☐ Sex [M] [F] Date of birth [Y][Y][Y][Y][M][M][D][D]

ID or passport number ☐☐☐☐☐☐☐☐☐☐☐☐☐ Telephone number ☐☐☐☐☐ ☐☐☐☐☐☐☐

Cellphone number ☐☐☐☐☐ ☐☐☐☐☐☐

Email ☐☐

Company contact person name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Postal address

Is your postal address a street address   Yes ☐   No ☐

If Yes:

Suite/unit number ☐☐☐☐   Complex name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Street number ☐☐☐☐   Street name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

If no:

Post collected from: Suite ☐   Postnet Suite ☐   PO Box ☐   Private Bag ☐   Number ☐☐☐☐☐☐☐☐☐☐

Please complete for street and post address:

Suburb ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Region ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐   Code ☐☐☐☐

Company contact person telephone number ☐☐☐☐☐ ☐☐☐☐☐☐

Accountholder name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Branch name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Branch code ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account number ☐☐☐☐☐☐☐☐☐☐☐☐

Account type   Current/cheque ☐   Transmision ☐   Savings ☐

Account number (credit cards cannot be accepted)
Please print your account number in the first row and circle the relevant blocks.

☐☐☐☐☐☐☐☐☐☐☐☐

0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9

Monthly payment/Debit order date

Salary date ☐☐

Please note that your monthly payments/debit order will be on the salary date provided.
Should you prefer your monthly payments/debit order to be on another day, please provide the date. ☐☐

Do you want this debit order collection to be debited on the salary date indicated above?   Yes ☐   No ☐

If the debit date and salary date is not selected, it will default to the first of the month. Debit dates selected from the 11th to 31st will be for the following month's premium. If you are changing from a debit order date before the 10th of the month to a new debit date after the 11th of the month, it is possible to have a double debit for the first debit.

Source of funds   Income ☐   Donation ☐   Other ☐

Payment beneficiary details
To: Discovery Life Limited, Registration number 1966/003901/06 (Discovery Life)
Abbreviated name as registered with the bank: DISCLIFE
Beneficiary address: Discovery Life , P O Box 3888, Rivonia, 2128

The reference on your bank statement will be DISCLIFE, followed by the policy number. If your debit order collection is grouped with other collections debited on the same day from the same account, the Entity number will be used instead.

I/we, the undersigned:
1. warrant that the account information I/we have provided above is an account in my/our name and that the information furnished by me/us in this Authority and Mandate is true and correct;

3. Payment details, authority and mandate *(continued)*

2. authorise Discovery Life to issue and deliver payment instructions to my/our bank, recorded above, for the collection by Discovery Life from the bank account (or any other bank or branch to which I/we may transfer our account) any amounts due under or in terms of this Policy on condition that the sum of such payment instructions will never exceed my/our obligations as framed in the Policy and which shall commence on .... (this is the date from which the new banking details apply) and shall continue until this Authority and Mandate is terminated by me/us by giving Discovery Life no less than 20 ordinary working days written notice thereof or immediately in the event that I /we instruct my/our bank to withdraw this Authority and Mandate.

3. confirm that the payment instructions mentioned above must be issued and delivered on the day that I/we have nominated ("payment day") and thereafter on the same day in each and every successive month. If the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the next working day;

4. payments in December may be debited against my/our account on the nominated payment day and I/we understand that it is my/our responsibility to ensure that I/we have funds available.

5. authorise Discovery Life to track my/our bank account and re-present the payment instruction referred to above in the event that there are insufficient funds in my/our bank account to meet my/our obligations under or in terms of this Policy

6. authorise Discovery Life to obtain and provide any information about me/us from any one or more of the following:
   any credit bureau;
   any life assurance or credit providers' industry association;
   any other association of an industry in which we operate;

7. acknowledge that my/our bank will treat each payment instruction to pay premiums or amounts due under this Agreement to Discovery Life as if each payment instruction came from me/us personally as the accountholder. This includes information related to creditworthiness, credit history, financial history, personal information, judgment history and default history;

8. undertake to advise Discovery Life in writing of any changes to my account details and acknowledge that Discovery Life will not be held responsible or liable for any claim, loss or harm that I/we or any third party may suffer as a result of me/us providing incorrect banking details herein or if the bank account is in the name of another person or entity or as a result of my/our failure to notify Discovery Life of a change in banking details herein or if the bank account is in the name of another person or entity or as a result of my/our failure to notify Discovery Life of a change in banking details or if the bank account has insufficient funds to meet my/our obligations under or in terms of the Policy;

9. know and understand that this Authority and Mandate may be ceded, assigned or made over to a third party if the Policy Contract or a part thereof is also ceded, assigned or made over to that third party. In the absence of such assignment or cession of the Policy, this Authority and Mandate cannot be ceded, assigned or made over to a third party;

10. know and understand that the withdrawals hereby authorized will be processed through a computerized system provided by South African banks. The details of each withdrawal from my/our bank account will be printed on my bank statement and must show the reference Policy inserted in the policy schedule so as to enable me/us to identify this Policy

11. acknowledge that although this Authority and Mandate may be terminated by me/us, such termination may not necessarily terminate this Policy. In the event of such termination I/we are not entitled to any refund of any premiums or amounts due that was withdrawn by Discovery Life whilst this Authority and Mandate was in force if such premiums or amounts were legally owing to Discovery Life in terms of the Policy

12. acknowledge that by signing this Authority and Mandate I/we are bound by the payment terms applicable to this Policy

Signature of accountholder [____]   Date 2 0 [Y][Y][M][M][D][D]

Second signature
(if applicable) [____]   Date 2 0 [Y][Y][M][M][D][D]

4. Bank details for payments (Health Dividends or PayBack Benefit)

This is the bank account that will receive the Health Dividends or PayBack Benefit amounts. Please note that proof of account is required. Please note that Health Dividends and PayBacks will only be paid to the policy owner.

Same as above?   Yes ☐   No ☐   (If no, please complete below)

Name of accountholder [____]

Bank name [____]

Branch [____]

Account type   Current/cheque ☐   Transmission ☐   Savings ☐

Account number [____]   Branch code [__] – [__] – [__] – [__]

Account number
Please print your account number in the first row and circle the relevant blocks.

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9

Signature of accountholder [____]   Date 2 0 [Y][Y][M][M][D][D]

Legal Entities Relationship verification form

 Discovery

Contact us
Tel: 0860 00 54 33, PO Box 3888, Rivonia 2128, www.discovery.co.za

Purpose of this application document

The purpose of this document is to gather information relating to any related parties to either the owner (being a legal entity) or the third party payer (being a legal entity)

Policy Number ☐☐☐☐☐☐☐☐☐☐

Entity details

Role applicable to	Owner ☐	Payer ☐		
Relationship to legal entity	Director ☐	Member ☐	Trustee ☐	Beneficiary ☐

Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ID or passport number ☐☐☐☐☐☐☐☐☐☐☐☐☐   Date of birth Y Y Y Y M M D D

Entity details

Role applicable to	Owner ☐	Payer ☐		
Relationship to legal entity	Director ☐	Member ☐	Trustee ☐	Beneficiary ☐

Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ID or passport number ☐☐☐☐☐☐☐☐☐☐☐☐☐   Date of birth Y Y Y Y M M D D

Entity details

Role applicable to	Owner ☐	Payer ☐		
Relationship to legal entity	Director ☐	Member ☐	Trustee ☐	Beneficiary ☐

Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ID or passport number ☐☐☐☐☐☐☐☐☐☐☐☐☐   Date of birth Y Y Y Y M M D D

Entity details

Role applicable to	Owner ☐	Payer ☐		
Relationship to legal entity	Director ☐	Member ☐	Trustee ☐	Beneficiary ☐

Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ID or passport number ☐☐☐☐☐☐☐☐☐☐☐☐☐   Date of birth Y Y Y Y M M D D

Entity details

Role applicable to	Owner ☐	Payer ☐		
Relationship to legal entity	Director ☐	Member ☐	Trustee ☐	Beneficiary ☐

Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ID or passport number ☐☐☐☐☐☐☐☐☐☐☐☐☐   Date of birth Y Y Y Y M M D D

Entity details

Role applicable to	Owner ☐	Payer ☐		
Relationship to legal entity	Director ☐	Member ☐	Trustee ☐	Beneficiary ☐

Name

Surname

ID or passport number

Date of birth `Y Y Y Y M M D D`

Entity details

Role applicable to	Owner ☐	Payer ☐		
Relationship to legal entity	Director ☐	Member ☐	Trustee ☐	Beneficiary ☐

Name

Surname

ID or passport number

Date of birth `Y Y Y Y M M D D`

Entity details

Role applicable to	Owner ☐	Payer ☐		
Relationship to legal entity	Director ☐	Member ☐	Trustee ☐	Beneficiary ☐

Name

Surname

ID or passport number

Date of birth `Y Y Y Y M M D D`

Signature

The Authorised signatory confirms that the information in this document is correct and complete relating to either the owner or the third party payer

Authorised signature

Date `Y Y Y Y M M D D`

Signed at