



MEDCLEAR (PTY)LTD - Reg. No 2016/143656/07

2019/10/22

Dear Medclear Customer,

Change of Financial Service Provider

Please be advised that Urban Insurance Brokers (Pty) Ltd (Licensed Financial Services Provider, FSP number 21017), will be your new Financial Service Provider effective 1st November 2019 and will be providing the financial services for Medclear.

There will be no material changes to your policy. Your premium and cover will remain unchanged and your Medclear policy will continue to be underwritten by Hollard.

It is however required that you complete the enclosed new debit order mandate, which gives Urban Insurance Brokers (Pty) Ltd permission to continue with your debit order deduction.

It is of utmost importance that we receive the completed debit order mandate by no later than the 25th October 2019. Should we not receive a completed debit order mandate, we will not be able to deduct any future premiums and your policy will lapse.

In order to be sure that you reach Medclear's Call Centre immediately, please use this number for the interim period 076 808 2663.

Clear communication will be sent out when the new call center numbers will be active.

Please return your completed debit order mandate to: daniel@bridge1to3.co.za or norahn.123mc@gmail.com

Medclear would like to thank you for your on-going support.

Kind regards,

Medclear Management

APPLICATION FORM DEBIT ORDER MANDATE

☐ **Written Authority and Mandate for Debit Order Instructions:**

Name of Bank: _____ Branch Code: _____ Account type: Cheque ☐ Savings ☐ Transmission ☐

Account Number: _____ Name of Account Holder: _____

I hereby authorize Phakama Administration Services on behalf of Urban Insurance Brokers for Medclear (Pty) Ltd to commence a debit order withdrawal from my account on the _____ day of the month (add appropriate date of the month), and monthly thereafter for the premium applicable for the cover selected. I understand that the debit order will be run on the date selected. If for any reason it is not honoured, two withdrawal runs will be done the next month. In the event of this second run being dishonoured, the policy will lapse. I understand it is required that this signed document reaches Phakama offices 10 working days prior to the selected deduction date, if not, the deduction will only qualify for the following calendar month's deductions. In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day. Should the relevant premium rate be adjusted by the Institution as a result of an inflation related increase in subscription/premium/payment rate, I confirm that the adjusted premium rate may be deducted. I agree that although this Authority and Mandate may be cancelled by me by giving you notice in writing of not less than 20 ordinary working days, such cancellation will not cancel the Agreement. I shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you. I acknowledge and agree that payment instructions issued from this Mandate will be treated as payment instructions issued personally by myself, the accountholder. I acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

The User Abbreviated Name as Registered with the Bank will reflect as follows on your bank account: **MEDCLEAR** followed by your policy / membership number.

Agreement Reference Number: This Agreement reference number is _____

Signature of Applicant: _____

Date: _____