

Stop Order Authorisation – Short Term

Hollard Life Assurance Company Ltd



I, the undersigned

First name

Surname

Persal/
employee number

Policy number

hereby authorise the Human Resource department of:

Employer

to deduct

R60.00

monthly premium from my salary on

Y Y Y Y M M D D

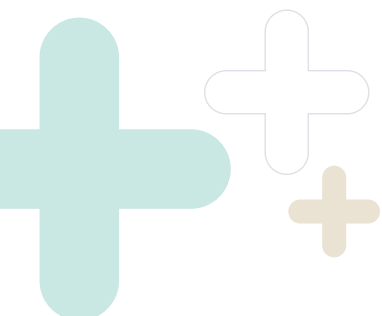
and monthly thereafter and remit to Hollard Life Assurance Company Ltd, from whom I have obtained a short-term policy, until such time as I cancel this authority in writing or until I substitute it with a new authorisation. This authority is valid for any contractual premium increases advised by Hollard Life Assurance Company Ltd.

I further hereby authorise Hollard Life Assurance Company Ltd to collect via debit order using my bank account details if my payroll deduction is unsuccessful.

Signature of
policyholder

Signature date

Y Y Y Y M M D D



Hollard.