

IMPORTANT NOTE: Reinstatements will only be processed within 45 (Forty Five) days from the date that the premium was returned unpaid

PERSONAL PARTICULARS

LINKSAVE POLICY NUMBER

SURNAME

FIRST NAMES

DATE OF BIRTH

ID NUMBER

CELL NUMBER

EMAIL ADDRESS

BANK DETAILS

PAYMENT MODE MONTHLY

ACCOUNT HOLDERS NAME

ACCOUNT NUMBER (11 Digits Only)

BANK

BRANCH CODE

ACCOUNT TYPE CURRENT TRANSMISSION SAVINGS (No Credit Card Account Accepted)

Signature of Account Holder

Date

DECLARATION

- I hereby authorise Linksave to reinstate my contract with the insurer and further authorise Linksave's administrator to arrange with the above-mentioned bank or any other bank to which I might change the account, to deduct the CURRENT contribution each month due in terms of the contract of insurance between myself (including any amendments that may be made during the terms of membership) and the insurer.
- Collection of arrear premiums (if applicable)** I hereby grant permission for the insurer/administrator to arrange with the above mentioned bank or any other bank to which I might change the account, to deduct the ARREAR contributions due in terms of the contract of insurance between myself and the insurer, including any amendments that may be made during the terms of membership.

Signature of Applicant

PLEASE RETURN TO:

Linksave (Pty) Ltd
Tel: 031 564 8920
Fax: 031 564 8922
Email: info@linksave.co.za