

PERSONAL PARTICULARS

APPLICANT (PRINCIPAL MEMBER)

POLICY NUMBER

SURNAME TITLE

FIRST NAMES

DATE OF BIRTH

ID NUMBER

CONTACT DETAILS

CELL EMAIL

BANK DETAILS

PAYMENT MODE

ACCOUNT HOLDERS NAME

ACCOUNT NUMBER (11 Digits maximum)

BANK

BRANCH NAME BRANCH CODE

CURRENT PREMIUM

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

Signature of Account Holder

Date

DECLARATION

- Change of Bank Account (if applicable)** I hereby authorise and grant permission to Linksave to amend my banking details in line with the above-mentioned bank or any other bank to which I might change the account, and to deduct the contribution (current and/or arrears) each month due in terms of the contract of insurance between and 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 Linksave to arrange with the above mentioned bank or any other bank to which I might change the account, to deduct the arrear contribution due in terms of the contract of insurance between and myself (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