



# The Liability Company.

LIABILITY MATTERS

An Authorised Financial Service Provider – FSP 50828

## DEBIT ORDER INSTRUCTION FORM

Name of Insured										
Address				Date	d	d	m	m	y	y
The details of my / our bank account are as follows:										
Bank				Branch / Town						
Branch Code				Account Holder						
Account number										
Type of account	Current	Savings	Transmission	Credit Card	Other / specify					
<p>I / we the undersigned hereby authorise Strategic Insurance Systems (Pty) Ltd on behalf of Mutual &amp; Federal Risk Financing (Pty) Ltd to deduct premiums from the account mentioned above on the ____ working day (or the closest thereto) of each and every month. This being the amount necessary for the payment of the monthly premium due to Mutual &amp; Federal Risk Financing (Pty) Ltd in respect of the insurance policy.</p> <p>The premium will be collected by Strategic Insurance Systems (Pty) Ltd on behalf of Mutual &amp; Federal Risk Financing (Pty) Ltd.</p> <p>This authority may be cancelled by either party providing thirty days' notice to the other.</p>										
Signed at _____ on this _____ day of _____ 20____										
Signature: _____										

The Liability Company (Pty) Ltd

35 Oxford Office Park, 3 Bauhinia Street

Highveld Techno Park, Centurion

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The Liability Company is an authorised financial services provider (FSP 50828)

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Underwritten by:

**MUTUAL & FEDERAL** | risk financing

A member of the  OLD MUTUAL Group