

Bryte Insurance Company Limited

A Fairfax Company

Registration number: 1965/006764/06 VAT number: 4530103581

Licensed insurer and authorised FSP (17703)

15 Marshall Street, Ferreirasdorp, Johannesburg, 2001 PO Box 61489, Marshalltown 2107

Please complete this form in BLOCK CAPITALS and send it to your broker or to Bryte Insurance Company Limited.

Please provide supporting documents if required.

Name of payer (legal entity*)			
Agreement number			
Physical address of payer/participant			
			Postal code
Bank	Branch name		
Abbreviated name as registered with the bank	Branch code		
Account number	Account type		
VAT registration number			
Company registration number			
Contribution amount		Date of first deduction	
Day of deduction every month			

Shariah Declaration

I agree that my contributions, which I hereby undertake to pay, shall be credited to the Takaful Fund (which includes any investment income) to be managed in accordance with the rules of the Fund.

I also agree that my contributions are an irrevocable donation to the Takaful Fund and that I will not be a beneficiary of the Takaful Fund until the Company has accepted this application and the contributions due, have been paid in full.

Monthly/Annual Debit Order Authority

I/We the undersigned, request and authorise Bryte Insurance Company Limited to draw against my/our account the amount necessary for payment of the total inclusive monthly contribution and any standard fees which may vary in respect of the participation agreement dated _____ ("the Agreement") on the first day/working day of each month commencing _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued and delivered as follows: monthly, bi-monthly, three monthly, six monthly, annually, weekly, biweekly (delete that which is not applicable).

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I/We also understand the details of each withdrawal will be printed on my/our Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me/us should enable me/us to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

B. Mandate
I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

C. Cancellation
I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We 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.

D. Assignment
I/We 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.

E. Agreement Reference Number
This Agreement Reference number is: _____

Furthermore, notwithstanding anything contrary contained herein or in any participation agreement, if any monthly/annual instalment is not paid by no later than 31 (thirty one) days after due date for payment thereof, the participation agreement or agreements in respect of which such payment was to be made shall thereupon automatically terminate without notice to myself/ourselves with immediate effect.

The authorisation by me/us is made on the understanding that Bryte Insurance Company Limited will without prejudice to any of the foregoing keep me/us advised of all amounts transferred to the debit of the facility and send me/us a monthly/annual statement of the total amount outstanding to be paid before the next renewal date.

Important to note

The conditions of this application supersede the respective policy wording 'Continuation of cover' general condition.

I/We the undersigned, hereby agree to this application being subject to ITC credit verification and/or credit reference verification provided that the details and/or outcome of such ITC credit report/verification remain confidential and are not disclosed to any other party or persons without the prior consent of the signatory to this application.

I/We acknowledge that the sharing of information for underwriting and claims purposes (including credit information) is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.

On my /our own behalf, or of any person I/we represent herein, I/we hereby waive my/our right to privacy with regard to underwriting or claims information (including credit information) that I/we provide or that is provided by another person on my/our behalf in respect of any insurance policy or claim made or lodged by me/us.

- Legal entity – to comply with regulation this form must be in the name of a legal person or company – please delete whichever is not applicable
- Vat registration number – to comply with regulation this must appear on all invoices including insurance premiums – please insert N/A if not a VAT vendor
- Co Registration number – (if applicable) company registration number to be inserted

Protection of Personal Information

We respect your constitutional right to privacy. We are committed to and bound by the terms and provisions of the Protection of Personal Information Act 4 of 2013 ("POPI") regarding the acquisition, usage, retention, transmission and deletion of your personal information. We will check and validate the information you provide through legal means. We have high level security measures in place to protect your personal information.

Your personal information herein collected is for the primary purpose of providing you with cover and for all other activities and processes incidental to and relevant to this purpose. Your information shall be kept confidential; however, we shall disclose it to certain third parties as required and other insurers for the specific purpose of insurance and to reduce and prevent any form of fraudulent activity. Sharing of information includes, but is not limited to, information sharing as arranged via the South African Insurance Association.

You hereby give consent and fully understand the reason for us to process, use, share and retain your personal information for its designated purpose and you confirm the accuracy of the information. You may request that we amend, update, change or correct your personal information processed by us by sending a request to your broker or us.

For a full version of the Consent to process Personal Information is available on this link (<http://brytesa.com//forms/personal-information/>) for download. Should you decide to cancel this agreement you further consent to us retaining the information in line with the legally permitted retention period, for statistical and reporting purposes only. Should you decide not to accept the proposal, the information collected, will be de-identified and only used for statistical and research purposes.

Claims Declaration

I hereby declare that I have provided a full disclosure of all previous claims or losses that were covered or not covered with any other insurance company and that this cover is accepted based on this information having been declared. I also declare that no insurer has cancelled, declined or refused to renew my cover or imposed special terms.

The information in this application is, to the best of my knowledge and belief, true and accurate in every respect and that no fact, circumstance or hazard that could affect the acceptance of my application has been withheld. I confirm that this application and Shariah declaration shall be the basis of this agreement between Bryte Insurance Company Limited and myself.

I/We undertake to notify you of any future changes / amendments to be included in this facility and of any change in my/our banking details.

Signed at _____ on the _____ day of _____

Contributor/Authorised representative of payer _____