RENASA
INSURANCE COMPANY LIMITED

DEBIT ORDER AUTHORITY

Insured: _____

ID Number: _____

Broker: _____

Policy No.: _____

I authorise Renasa Insurance Company Limited to deduct the premium for this policy from my account for the payment of the monthly premiums and adjustment premiums in respect of the insurance herein proposed as if I have personally authorised each deduction.

Payer's Account Name: _____

Name of Bank: _____ City/Town _____

Branch: _____ Branch Code _____

Account Number: _____

Type of Account:	CHEQUE	TRANSMISSION	SAVINGS

Debit Order Collection Date*: _____
*payable in advance

Account Holder's Signature _____ Date _____

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and is licensed to conduct non-life insurance business (License No IN0140).