

Flexicare confirmation of Employer debit order banking details form

Contact us

Tel: (Members): **0860 444 779**, PO Box 784262, Sandton, 2146, www.discovery.co.za.

What you must do

- Fill in the form in black ink and print clearly, or complete the form digitally.
- All relevant sections must be physically signed by the main applicant and cannot be signed digitally. The main applicant must sign and date any changes.
- To avoid administration delays, please make sure this form is completed in full.
- Once it is complete, please email it to flexicareadmin@discovery.co.za.
- You need to submit the following details with this form:
 - A letter on the company letterhead giving us permission to debit the company's account and
 - Bank statement/letter of confirmation from the bank (not older than 3 months).

When you sign this application, you confirm that the information provided is true and correct

1. Employer details

Employer number

2. New account details for Debit Orders

When should we start debiting the new banking details?

Please note that we cannot accept credit card details

Bank name

Branch name Branch code

Account number Type of account Cheque Savings

Account holder

Account holder's physical address (Own/ Third party/Trust)

Suit/unit number Complex name

Street number Street name

Suburb Postal code

3. New account details

Your banking details will only be changed if:

- 3.1. All the relevant fields on this request form have been filled in.
- 3.2. The request has been signed by the account signatory.
- 3.3. Documentation required in step 3 of "What you must do" accompanies this form.

4. Signature

You warrant that you are duly authorised to sign this Information Form on behalf of the Employer and that all information stated on this Information Form is true, correct and complete.

I, (first name and surname), give Flexicare permission to change my banking details.

Signed at (town or city) on

Signature of account signatory

Signature of account holder



Please only sign if information is true, complete and correct.

5. Terms and conditions for Section 2 and 3 updates

The signed authority and mandate refers to the application on the signed date ("the Agreement")

I, the undersigned:

- Warrant that the account information I have provided above is an account in my name and that the information furnished by me/us in this Authority and Mandate is true and correct:
- Authorise Discovery Health to issue and deliver payment instructions to my bank, recorded above, for the collection by Discovery Health from the bank account (or any bank or branch to which I may transfer my account) any amounts due under or in terms of this application on condition that the sum of such payment instructions will never exceed my obligations as framed in the Agreement which shall commence on the date that cover starts as requested on the application form and shall continue until this Authority and Mandate is terminated by me by giving Discovery Health no less than 20 ordinary working days written notice thereof or immediately in the event that I instruct my bank to withdraw this Authority and Mandate.
- Confirm that the payment instructions mentioned above must be issued on the first working day of the month. If the membership is not activated in time for the debit order collection and there is an amount outstanding Discovery Health can collect that amount in the interim, upon activation. If I change the date of the debit order after activation, I confirm that the payment instructions must be issued and delivered on the day that I have nominated ("payment day") and thereafter on the same day in each and every successive month. If the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the next working day;
- Authorise Discovery Health to track my bank account and re-present the payment instruction referred to above in the event that there are insufficient funds in my bank account to meet my obligations under or in terms of this Agreement.
- Acknowledge that my bank account will treat each payment instruction to pay contributions or amounts due under this Agreement to Discovery Health as if each payment instruction came from me personally as the account holder.
- Undertake to advise Discovery Health in writing of any changes to my account details and acknowledge that Discovery Health will not be held responsible or liable for any claim, loss or harm that I or any third party may suffer as a result of me providing incorrect banking details herein or if the bank account is in the name of another person or entity or as a result of my failure to notify Discovery Health of a change in banking details or if the bank account has insufficient funds to meet my obligations under or in funds to meet my obligations under or in terms of the Agreement.
- Know and understand that the withdrawals hereby authorised will be processed through a computerized system provided by South African banks. The details of each withdrawal from my bank account will be printed on my bank statement and must show the reference number of the membership inserted in the Agreement so as to enable me to identify this membership;
- Acknowledge that although this Authority and Mandate may be terminated by me, such termination does not necessarily terminate this Agreement. In the event of such termination I am not entitled to any refund of any contributions or amounts due that was withdrawn by Discovery Health whilst this Authority and Mandate was in force if such contributions or amounts were legally owing to Discovery Health in terms of the Agreement;
- Acknowledge that by signing this Authority and Mandate I am bound by the payment terms applicable to this Agreement.

Reference number

This Agreement reference number is DISC PREM / DISCSETTLE

Signature of account holder

Date

D	D	M	M	Y	Y	Y	Y
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Please only sign if you have read and understand this statement.

In addition to the above terms, the policyholder must agree to the following

I confirm that I have the right to give Discovery the authority to debit such account on a monthly basis. Furthermore, I will be liable for any claims, losses or damages of whatsoever nature arising out of debits made by Discovery to the account as listed above should this account have insufficient funds, be incorrect or be held in the name of any other person. I hereby authorise Discovery to verify the banking details as provided above for the purposes of setting up the debit order, in need. I confirm that the account listed above complies with the Financial Intelligence Centre Act ("FICA"). I confirm that if I miss a contribution collection date I authorise that Discovery may deduct a double debit of my contributions the following month. This does not apply to Discovery Insure (see debit order changes section above).

I, (full name(s) and surname, according to your identity document), as the policyholder, give Discovery and its subsidiaries acting in their relevant capacities permission to change my banking details.

Signed at (town or city)

on

D	D	M	M	Y	Y	Y	Y
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Signature of policy holder



Please only sign if you have read and understand this statement.

6. Privacy Statement

When you engage with Discovery, you are entrusting us with your personal information. We are committed to protecting your right to privacy and keeping your information safe. Our Privacy Statement tells you how we collect, use and share your personal information, including personal information about your spouse, employees, dependants, beneficiaries and lives assured, where applicable.

You can view and read our Privacy Statement on our [website](#) or follow this path: www.discovery.co.za and scroll to the bottom of the screen. Under 'ABOUT US' click on the **Privacy** link.

By signing this application form and its annexures, you agree to, and understand, the terms and conditions of the contract and our Privacy Statement.

Signed at (town or city)

Authorised Signatory

Date

D	D	M	M	Y	Y	Y	Y
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Please only sign if you have read and understand this statement