



75 Helen Joseph Street, Johannesburg, 2001
 PO Box 1120, Johannesburg, 2000
 service@iwyzegap.co.za

DEBIT ORDER MANDATE GAP COVER

I, the undersigned account holder, hereby authorise Old Mutual Insure, to debit my bank account with all amounts due in terms of my iWYZE Gap Cover. I understand that the premiums are subject to review as described in the policy. This authority will remain in force until ended in writing by myself. I will advise the insurer of changes to my bank account details. I understand that this is a separate insurance policy and that the premium will be deducted independently from my medical scheme contribution.

PERSONAL DETAILS OF ACCOUNT HOLDER:

Policy No: Policyholder:

Name of Bank:

Name of Branch: Branch Code:

Account No:

Account Type: Cheque: Savings: Transmission:

Preferred deduction day: 1st 7th 15th 20th 25th 30th/31st

Initials of account holder:

ID No. of account holder:

Full name in which account operates:

Signature of account holder:

Date:

Version No. 20171205IGP

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www.iwyze.co.za

iWYZE is underwritten by Old Mutual Insure Limited. Reg No: 1970/006619/06. VAT No: 4460101019. Authorised Financial Services Provider IFSP 12)
 iWYZE Gap Cover is administered by Xelus (Pty) Limited, an authorised Financial Services Provider IFSP 36931).