

Debit order form

Policy/Contract number/s

Requirements

- ☐ 1. A certified copy of your identity document (both sides of card driving licence, identity document or passport).
- ☐ 2. A copy of your original, complete bank statement or a cancelled cheque in confirmation of your bank details.
- ☐ 3. FICA information, if not updated within the last 24 months.

Contact person for requirements

We will contact the client if this section is not filled in or if we cannot reach the contact person

Name

Contact number

Fax number

E-mail address

Section 1: Policyholder/Investment owner details

Title

Initial/s

First name

Surname/Name of legal entity

Previous surname/s

Type of legal entity (if legal entity)

Natural person

Sole Proprietor

Company/Close Corporation

Partnership (all natural persons)

Partnership (other)

Nontaxable institution

Contact person for legal entity

Gender

Male

Female

Correspondence language

English

Afrikaans

Date of birth

DD/MM/YYYY

Identity/Registration/Passport number

RSA ID Yes

No

Postal address

Postal code

Residential address

Postal code

Telephone - work

Fax - work

Telephone - home

Cellphone number

E-mail address

Preferred method of communication

Post

E-mail

For the time being, certain documents from Momentum are not available electronically. We will post those to you.

Section 2: Premium/Contribution payer details

Title

Initial/s

First name

Surname/Name of legal entity

Previous surname/s

Type of legal entity (if legal entity)

Natural person

Sole Proprietor

Company/Close Corporation

Partnership (all natural persons)

Partnership (other)

Nontaxable institution

Contact person for legal entity

Gender

Male

Female

Correspondence language

English

Afrikaans

Policy/Contract number/s	

Section 2: Premium/Contribution payer details (continued)

Date of birth	DD/MM/YYYY	
Identity/Registration/Passport number		RSA ID <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Postal address		
	Postal code	
Residential address		
	Postal code	
Preferred method of communication	<input type="checkbox"/> Post <input type="checkbox"/> E-mail <input type="checkbox"/>	

For the time being, certain documents from Momentum are not available electronically. We will post those to you.

Section 3: Loan/Debt repayment details

Please give details of any loan/debt repayments that we must include in this debit order

Policy/Contract number/s		Repayment amount	

Section 4: Account details

Name and surname of account holder			
Name of financial institution			
Account type	<input type="checkbox"/> Current/Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/>		
Account number		Branch code	<input type="text"/> - <input type="text"/> - <input type="text"/>
Deduction date	DD/MM/YYYY		
Should Momentum group all collections from this account number and deduct them from your account as one amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		

- I, the undersigned, authorise Momentum to debit my account with the contributions due for the investment. I undertake to inform Momentum of any change in my bank details and I authorise Momentum to verify such bank details with my bank. I accept that Momentum may debit my account on a date other than that specified. If I am signing on behalf of an institution, I declare that I am duly authorised to do so.
- This authorisation will remain in force until I cancel it in writing.
- Momentum can deduct premiums/contributions on any day that I choose, but from the 1st to the 20th of the month, Momentum will deduct the amount for the current month. From the 21st to the end of the month, Momentum will deduct the amount for the following month. This means that two payments can initially be deducted.
- Although Momentum takes the utmost care to facilitate the debit order correctly and timeously, it remains the responsibility of the policyholder/ investment owner to make sure that premiums/contributions are paid on the policy/contract.

Signature of account holder/ authorised signatory		Date	DD/MM/YYYY
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In the event of a legal entity

1. Registration number	
2. I am/We are duly authorised to represent the legal entity	
Signature	
3. Name	
4. Designation	