

## Request to change your banking details

### About this form

If your bank account details have changed, complete this form and send it to dhusselmann@bonsano.co.za or fax it to 021 945 4397. When returning this form, please send us a copy of the payer's RSA ID, passport or valid driver's licence.

### Policy details

BrightRock group master policy	Bon Sano Funeral Scheme
BrightRock group master policy number	7 0 1 2 2 8 3 2 2
Policy start date	1 June 2020

### About you, the member

Your member number	<input type="text"/>
Title	<input type="text"/>
First name(s)	<input type="text"/>
Surname	<input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	<input type="text"/>
National identification number	<input type="text"/>
Nationality, if you've provided a passport number	<input type="text"/>

### About the payer

Are you the member and the payer?  Yes  No

If you answered 'No' above, please complete the payer's details below.

Title	<input type="text"/>
First name(s)	<input type="text"/>
Surname	<input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	<input type="text"/>
National identification number	<input type="text"/>
Nationality, if you've provided a passport number	<input type="text"/>



## Payer's contact details

Work number	<input type="text"/>	
Cell phone number	<input type="text"/>	
Email	<input type="text"/>	
Address	<input type="text" value="Address line 1"/>	
	<input type="text" value="Unit number"/>	<input type="text" value="Complex name"/>
	<input type="text" value="Street number"/>	<input type="text" value="Street name"/>
	<input type="text" value="Suburb"/>	
	<input type="text" value="City"/>	
	<input type="text" value="Region"/>	
	<input type="text" value="Country"/>	

## Payer's bank account details

Name of bank	<input type="text"/>
Name of account holder	<input type="text"/>
Branch name	<input type="text"/>
Branch code	<input type="text"/>
Account number	<input type="text"/>
Date to be debited	<input type="text"/>
Type of account	<input type="radio"/> Cheque or current <input type="radio"/> Savings <input type="radio"/> Transmission

## You give BrightRock permission to instruct your bank to collect premiums from the bank account above, or any other bank you might transfer to in future

You agree to the following conditions:

1. We'll never debit more money from your bank account than the premiums you've agreed to in your contract with us;
2. You understand that the bank will treat BrightRock's payment instructions as if you've issued them;
3. We'll debit your account monthly on your chosen debit order date. If the payment day falls on a Sunday or a recognised South African public holiday, we'll debit your account on the next work day;
4. The start date of this instruction is subject to the activation of your policy;
5. The debit orders you've authorised will be processed through a computerised system provided by South African banks;
6. The details of each debit order will be printed on your bank statement, with your policy number as a reference. The name that reflects on your statement will be your existing payment reference number.

## You must end this authority in writing

This authority will be valid until you end it in writing by emailing [dhusselmann@bonsano.co.za](mailto:dhusselmann@bonsano.co.za) or [service@brightrock.co.za](mailto:service@brightrock.co.za). You must give us at least 20 ordinary working days' notice before ending this authority.

## Ending this authority does not end our agreement with you

If you cancel this agreement, you understand that:

1. Cancelling this authority and mandate will not cancel our agreement;
2. If you legally owe us money, you won't be entitled to any refund of any amounts that we've debited while this authority was in force;
3. Non-payment or stopping of your debit order may have an impact on your ability to claim.

This authority and mandate can only be assigned to a third party if the agreement between us has also been assigned to that party.

## Your declaration

By completing and signing this form, you confirm that you want to change the monthly payment method or details from which your premiums are collected for your funeral cover.

Date signed

D	D	M	M	Y	Y	Y	Y
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Account-holder's signature

Date signed

D	D	M	M	Y	Y	Y	Y
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Member's signature