

Purpose of the form

The form accommodates banking detail changes for Discovery Health Medical Scheme, Discovery Life, Discovery Insure, Discovery Invest, Discovery Gap and Discovery Supplementary Illness Benefit. Please make sure that you complete the relevant sections based on the Discovery products for which you want to update the banking details. We do not update across all products if only one product update is completed.

- **Section 1** is compulsory and applies to all change requests where you are the main member/policyholder.
- **Section 2 to 5** applies to changes on the **Discovery Health Medical Scheme only** (your medical aid membership)
- **Section 6 to 8** applies to changes on Discovery Life, Discovery Insure, Discovery Invest, Discovery Gap and Discovery Supplementary Illness Benefit
- The terms and conditions page must be attached when returning the form as an acknowledgement of the terms for the banking details update.

How to complete this form

1. Fill in the form in black ink and print clearly or complete the form digitally. You can view the list of approved digital signature providers on www.discovery.co.za, under Medical Aid > Find documents and certificates > Application forms. All relevant sections must be signed by the main applicant. The main applicant must sign and date any changes.
2. Read and sign section 4, 5, 6 and 8.
3. Where you need to choose between different options, mark your selection with a (✓)

Supporting documents required

These are listed under each type of account. Attach the relevant documents only and return them with the completed form. We can only change your banking details if you have completed the form, accepted the terms and conditions and submitted all the required supporting documents.

Main member/policy holder account	<p>If you are updating your own banking details, you do not need to submit supporting documents, as we will verify the banking details with the bank. If we are unable to verify the details, we will need the following documents:</p> <ul style="list-style-type: none"> • Proof of account (bank statement or bank letter not older than three months) • A copy of your ID, passport or driver's license
Third-party account	<ul style="list-style-type: none"> • Proof of the account (bank statement or bank letter not older than three months) • A copy of the third party's (account holder) ID, passport or driver's license
Joint account	<ul style="list-style-type: none"> • Proof of account (bank statement or bank letter not older than three months) • A copy of the ID, passport or driver's license of each of the joint owners
Trust account	<ul style="list-style-type: none"> • Proof of account (bank statement or bank letter not older than three months) • A copy of the ID, passport or driver's license of each of the trustees of the account • A copy of the Trust's certificate of registration • A copy of the Trust letter, showing the trustees. The resolution must be dated, signed by an authorized person on behalf of the Trust and it must contain the membership or policy number(s). The letter must give authority that the trust account can be debited for the specified policy or membership details specified in the letter
Company account	<ul style="list-style-type: none"> • Proof of account (bank statement or bank letter not older than 3 months) • A copy of the ID, passport or driver's license of each signatory or person who has authority to sign on behalf of the company • A letter of authority including the details of all the persons of authority and the policy or membership details the authority applies to. The letter of authority must be signed and dated and give authority that the company account can be debited for the specified policy or membership details specified in the letter • A copy of the company's certificate of registration

If you are completing the application form on behalf of the main member, please include proof that you have obtained the necessary authority (example, Letter of Authority or Letter of Executorship)

Section 1 - Details of main member/policy holder

Please complete all the information in this section.

Title	<input type="text"/>	Initials	<input type="text"/>
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
ID or passport number	<input type="text"/>	Date of birth	<input type="text"/>
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		

Email

Note: This email address will be used for a once-off communication regarding the banking details update. We will not save the email address you give us on this form to your profile. If you have authority to act on behalf of the main member you can specify the relevant email address that we need to communicate to. You must also submit proof that you are allowed to act on behalf of the main member (example, Letter of Authority or Letter of Executorship). This form is available on the Discovery website www.discovery.co.za in the "Update banking details" section. Using the website ensures a quicker, easier change process.

Request to change banking details 2025

Purpose of the form

The form accommodates banking detail changes for Discovery Health Medical Scheme.

How to complete this form

1. Fill in the form in black ink and print clearly or complete the form digitally. You can view the list of approved digital signature providers on www.discovery.co.za, under Medical Aid > Find documents and certificates > Application forms. All relevant sections must be signed by the main applicant. The main applicant must sign and date any changes.
2. Read and sign section four and five.
3. Where you need to choose between different options, mark your selection with a (√)

How to submit this form

Email the completed form to bankingdetails@discovery.co.za.

Supporting documents required

These are listed under each type of account. Attach the relevant documents only and return them with the completed form. We can only change your banking details if you have completed the form, accepted the terms and conditions and submitted all the required supporting documents.

Main member/ policyholder account	<p>If you are updating your own banking details, you do not need to submit supporting documents, as we will verify the banking details with the bank. If we are unable to verify the details, we will need the following documents:</p> <ul style="list-style-type: none"> • Proof of the account (bank statement or bank letter not older than three months) • A copy of your ID, passport or driver's license
Third party account	<ul style="list-style-type: none"> • Proof of the account (bank statement or bank letter not older than three months) • A copy of the third party's (account holder) ID, passport or driver's license • A copy of the main member's/policy holder's ID, passport or driver's license
Joint account	<ul style="list-style-type: none"> • Proof of the account (bank statement or bank letter not older than three months) • A copy of the ID, passport or driver's license of each of the joint owners
Trust account	<ul style="list-style-type: none"> • Proof of the account (bank statement or bank letter not older than three months) • A copy of the ID, passport or driver's license of each of the trustees of the account • A copy of the trust's certificate of registration • A copy of the trust letter, showing the trustees. The resolution must be dated, signed by an authorised person on behalf of the trust and it must contain the membership or policy number(s). The letter must give authority that the trust account can be debited for the policy or membership details specified in the letter • A copy of the main member's/policy holder's ID, passport or driver's license
Company account	<ul style="list-style-type: none"> • Proof of the account (bank statement or bank letter not older than three months) • A copy of the ID, passport or driver's license of each signatory or person who has authority to sign on behalf of the company • A copy of the main member's ID, passport or driver's license • A letter of authority that includes the details of all the persons of authority and the policy or membership details the authority applies to. The letter or authority must be signed and dated and give authority that the company account can be debited for the policy or membership details specified in the letter • A copy of the company's certificate of registration

Section 1 - Details of main member/policyholder

Please complete all the information in this section.

Title	<input type="text"/>	Initials	<input type="text"/>
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
ID or passport number	<input type="text"/>	Date of birth	<input type="text"/>
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
Email	<input type="text"/>		

Note: This email address will be used for a once-off communication regarding the banking details update. We will not save the email address you give us on this form to your profile. If you have authority to act on behalf of the main member, you can specify the relevant email address that we need to communicate to. You must also submit proof that you are allowed to act on behalf of the main member (example, Letter of Authority or Letter of Executorship). This form is available on the Discovery website at www.discovery.co.za in the "Update banking details" section. Using the website ensures a quicker, easier change process.

Section 2 - Debit order banking details update for Discovery Health Medical Scheme

Membership number

Please mark the tick box if you would like us to use the debit order banking details for claims reimbursement banking purposes

Bank account details - please note that we cannot accept credit card details for debit order collections.

This is the account we will use to collect contributions, it will also be used to process contribution refunds.

Account owner Main member Third party Company Joint account Trust

Bank name

Branch name Branch code - -

Account number Type of account Cheque Savings

Title Initials

Surname

First name

Date of birth ID or passport number

In addition to the above, please also complete the details below for company or trust accounts.

If the third party bank account is a Joint account Company account Trust account

Company or trust

Registration number

Account holder residential address

(if the account holder is a company, please state the company address)

Unit/Suite number Complex name

Street number Street name

Suburb

City Code

Account holder email address (if the account holder is a company, please state the company email address)

Account holder contact number (if the account holder is a company, please state the company contact number)

As part of the requirements for the Payment Association of South Africa (PASA) debit order mandate, you are required to supply the account holders residential address, email address and contact number. Please note that the details you supply will only be used for the PASA debit order mandate and will not be used to update the contact details we have on system. If you want to update any contact details, please visit www.discovery.co.za.

Section 3 - Terms and conditions for Discovery Health Medical Scheme

The main member and third party account holder who sign this agreement (referred to as "you") authorise Discovery Health Medical Scheme to deduct the policy contributions from the debit order account.

Authorisation to use the bank account

You must accept these terms and conditions. The third-party debit order account holders must give Discovery Health Medical Scheme written notice if they want to cancel this authorisation.

Payment instructions

The bank listed in this agreement will treat all payment instructions issued in terms of this authorisation as if you personally issued the instructions.

You may cancel this payment instruction. However, such cancellation will not cancel the agreement. You will not be entitled to any refund of amounts withdrawn while the payment instruction was in force.

Payment obligations

You must pay any bank charges for this debit order authorisation or instruction. You will have to pay claims, losses and damages if there are not enough funds in the account, if the account details are incorrect or if the account is held in the name of any other person not included in this Agreement.

Changes to your rights and responsibilities

Discovery Health Medical Scheme, authorised to withdraw money from your account, may not cede (give up or transfer) or assign any of their rights to any other third party without your written permission.

You may not hand over any of your responsibilities in terms of this contract to any other third-party without the authorised party's written permission.

You can view and read our Privacy Statement on www.discovery.co.za > Medical aid > About Discovery Health Medical Scheme.

Section 4 - Debit order mandate

This 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 Medical Scheme to issue and deliver payment instructions to my bank, recorded above, for the collection by Discovery Health Medical Scheme from the bank account (or any other 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 Medical Scheme 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.
- If the membership or change in account details is not activated in time for the debit order collection and there is an amount outstanding, Discovery Health Medical Scheme can collect that amount in the interim. 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 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.
- Acknowledge that my bank will treat each payment instruction to pay contributions or amounts due under this Agreement to Discovery Health Medical Scheme as if each payment instruction came from me personally as the account holder.
- Undertake to advise Discovery Health Medical Scheme in writing of any changes to my account details and acknowledge that Discovery Health Medical Scheme 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 Medical Scheme of a change in banking details or if the bank account has insufficient 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 computerised 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 Medical Scheme whilst this Authority and Mandate was in force if such contributions or amounts were legally owed to Discovery Health Medical Scheme in terms of the Agreement.
- Acknowledge that by signing this Authority and Mandate, I am bound by the payment terms applicable to this Agreement.
- Acknowledgment that this Authority may be assigned to a third party if this agreement is also assigned to a third party.

Reference number:

This Agreement reference number: Your membership number

Abbreviated name:

Abbreviated name as registered with the bank: DISCPREM

Deduction amount: as per your activation of membership letter

Deduction date: as per section 1 of your membership application form

Payment start date: as per section 1 of your membership application form

Signature of account holder

Date

D	D	M	M	Y	Y	Y	Y
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Section 5 - Medical claims and Medical Saving Account refunds - banking details update for Discovery Health Medical Scheme

Membership number

Please note that you do not have to complete the medical claims refund section if you have indicated in the debit order account section that the same details should be used for claims and medical savings account refund purposes.

Account owner Main member Third party Company Joint account Trust

Bank name

Branch name Branch code - -

Account number Type of account Cheque Savings

Title Initials

Surname

First name

Date of birth ID or passport number


In addition to the above, please also complete the details below for company or trust accounts.

If the third party bank account is a Joint account Company account Trust account

Company or trust

Registration number

Signature of account holder

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

In addition to the above terms, the main member or their proxy and bank account holder must agree to the following


1. I confirm that I have the right to give Discovery Health Medical Scheme 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 Health Medical Scheme to the account as listed above should this account have insufficient funds, be incorrect or be held in the name of any other person.
2. I hereby authorise Discovery Health Medical Scheme to verify the banking details as provided above for the purposes of setting up the debit order, if needed.
3. I confirm that the account listed above complies with the Financial Intelligence Centre Act ("FICA").
4. I confirm that if I miss a contribution collection date, I authorise that Discovery Health Medical Scheme may deduct a double debit of my contributions the following month.

I, (full name(s) and surname according to your identity document), as the main member, give Discovery Health Medical Scheme permission to change my banking details.

Signed at

Date

Signature of main member

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

Request to change banking details



This form is available on the Discovery website www.discovery.co.za in the "Update banking details" section. Using the website ensures a quicker, easier change process.

Note: For debit order banking detail changes, we have to receive your request 10 working days before your next debit order date, if not the debit order might still be submitted on the old bank account.

Purpose of this form

This section of the form is to update banking details of the following Discovery Products:

- Discovery Invest
- Discovery Life
- Discovery Insure
- Discovery Gap Cover and Discovery Supplementary Illness Benefit

Section 6 – Payments to Discovery (excluding Discovery Health Medical Scheme)

Please make sure of the following:

1. Complete Section 1 of the form for your policy details.
2. Complete Section 6 to 8.
3. Read and sign the Terms and Conditions.
4. Use black ink, write one letter per block (where applicable) and print or complete digitally.
5. Where you need to choose between different product options, mark your selection with a ✓.
6. Include the policy number(s) for the products you are updating.

6.1 Bank account details

Please note that we **cannot accept credit card details for debit order collections.**

Account owner (Mark with a ✓) You 3rd party Company Joint Account Trust

Bank name

Branch name Branch code - -

Account number Type of account Cheque Savings

Account holder name

Account holder residential address (if the account holder is a company, please state the company address)

Unit/Suite number Complex name

Street number Street name

Suburb

City Postal code

Account holder email address (if the account holder is a company, please state the company email address)

Account holder contact number (if the account holder is a company, please state the company contact number)

As part of Payment Association of South Africa (PASA) debit order mandate requirements you are required to supply the account holder's residential address, email address and contact number. Please note that the details you supply will only be used for the PASA debit order mandate requirement and will not be used to update the contact details we have on system, if you wish to update any contact details please visit www.discovery.co.za

Signature of bank account holder

Please only sign if you read and understood this statement

Please also complete the details below for an account held in another person's name (third-party), for example, spouse, friend or daughter.

Title Initials

First name(s)

Surname

Date of birth ID or passport number

In addition to the above, please also complete the details below for company or trust accounts.

Company or trust

Registration number

6.2 Product and policy details

Please mark the products you would like to update with a ✓ and write the policy number in the last column next to each product you have marked. You can only update **up to five policies** on one form. You can select the same product more than once if you have two or more policies you would like to update under that product. Please mark the tickboxes if you want the policy to be updated for: debit order details, claim reimbursement details or both.

Car and Home Insurance	Investments	Discovery Gap Cover	Discovery Supplementary Illness Benefit	Policy number	Update debit order details	Update reimbursement details
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.3 Discovery Life policies

Note: The section below only applies if you have a **Discovery Life** policy/ies

Please complete the policy number and the debit order day you would like to use for each of the policies. You can update **up to three** policies on the form:

Policy number Debit order

Policy number Debit order

Policy number Debit order

Note: If you change the debit order date for Discovery Life within 5 days from the current debit order date, we will still debit your bank account on the current debit order date. We need a minimum of 5 days' notice to change the date that we debit your bank account on.

Please provide your salary date below.

Salary date: of every month

Section 7 – Discovery's payments to you (excluding Discovery Health Medical Scheme)

Complete section 7 when updating bank details for payments from Discovery (for example, claims refunds and cash paybacks).

- a) Only select someone else's name if the payments must be made into another person's bank account (for example, an account belonging to your spouse, grandfather, mother, friend or cousin).

Note: You may select someone else only for car and home insurance and Discovery Gap Cover. Discovery Life will only release payback payments to the policy owner's account and in certain instances to the premium or contribution paying account. The other products do not allow payments from Discovery into accounts that do not belong to the policy owner or main member.

- b) You can only select a company or trust for your Discovery Gap Cover and Discovery Supplementary Illness Benefit. The other products do not allow payments from Discovery into company or trust accounts.

Please note that we cannot accept credit card details for payments.

Same as payments to Discovery (Mark with a ✓)

Note: If you have marked the above tickbox you **do not** have to complete the bank account details in the below section.

Account owner (Mark with a ✓)

You

Someone else

Company

Joint Account

Trust

Bank name

Branch name

Branch code

 - -

Account number

Type of account

Cheque

Savings

Account holder

Please also complete the details below for an account held in another person's name (third-party), for example, spouse, friend or daughter.

Title

Initials

First name(s)

Surname

Date of birth

ID or passport number

In addition to the above, please also complete the details below for company or trust accounts.

Company or trust

Registration number

Section 8 - Terms and conditions for Discovery Group (Life, Invest, Discovery Gap, Discovery Supplementary Illness Benefit and Insure)

The account holder/s and or signatory/ies who need to sign this authorisation will be referred to as "You" under this section, you need to fully read these terms and conditions before signing this authorisation.

You authorise Discovery to pay your monthly contribution or premium from your debit order account.

You declare that the account information you provide in this agreement is for an account in your name, and that the information you provide is true and correct.

Please click [here](#) for the Discovery Gap Cover terms and conditions.

Please click [here](#) for the Discovery Supplementary Illness Benefit terms and conditions.

Authorisation to use the bank account

You and the product owner must accept these terms and conditions. The third-party debit order account holders must give Discovery written notice if they want to cancel this agreement. It is not necessary to give written notice if you want to cancel a Discovery Insure policy or debit order.

You confirm that you know and understand that the debit orders authorised in this agreement will be processed through a computerised system provided by South African banks. The details of each Discovery debit order taken from your bank account, will be printed on your bank statement and must show the reference number of the Policy/Plan inserted in the authorisation so as to enable you to identify this Policy/Plan Contract.

Payment instructions

The bank listed in this agreement will treat all payment instructions you authorise as if you personally gave the instructions. You can cancel this payment instruction. However, cancelling the payment instruction does not end the agreement to pay your monthly premium or contribution. You will not be entitled to any refund of amounts withdrawn while the payment instruction was in force.

Payment dates

You confirm the bank must pay the debit-order amount on the start date you choose (payment date) and then on the same day every month afterwards.

Your Discovery payment date can change. If you give us permission and you get your December salary on an earlier date, the payment date for some Discovery products can change to match the earlier December salary date.

In December, Discovery Insure does not change debit dates or bill earlier. Discovery Insure will only change the payment date if the client requests a change. However, this new date becomes the standard payment date going forward.

If the payment date falls on a Saturday, Sunday or recognised South African public holiday, Discovery can process the debit order on the next working day.

Payment obligations

If your debit order goes off and there is not enough money in your account to pay your monthly contribution or premium, you give Discovery permission to track your bank account and try to debit your account again.

You must pay any bank charges for this debit order agreement or instruction. You have to pay claims, losses and damages if there are not enough funds in the account, if the account details are incorrect or if the account is held in the name of any other person.

You give Discovery permission to collect this debit order from your bank account according to this agreement. You have to let us know if your banking details change. We will never send an instruction to your bank to debit more than the monthly contributions or premiums you owe us for your Discovery products. This payment instruction starts on the day you accept this agreement and it will go on until you either give Discovery 20 days' notice in writing that you want to end the agreement, or at once if you cancel the debit order with your bank.

By signing this agreement, you agree to the payment terms of this authorisation.

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Changes to your rights and responsibilities

You know and understand that this Authority and Mandate may be ceded, assigned or made over to a third party if the Agreement or a part thereof is also ceded, assigned or made over to that third party. In the absence of such assignment or cession of the Agreement, this Authority and Mandate cannot be ceded, assigned or made over to a third party.

Personal information

We only collect and use your contact information for this debit order agreement. We will not use any of the information we collect for the debit order to update your personal information for any of your Discovery products.

Discovery Life-specific terms for this authorisation

If your banking details change or you load a stop payment at the bank for the account we use for your debit order, please contact our call centre so that we can start debiting your new account. If you don't contact us, we cannot debit your new account.

If payment is successful on a date that is different to your payment date, Discovery Life can change your payment date to the day the payment went through. Discovery Life will let you know of this in writing.

You authorise Discovery Life to obtain any information about you from any one or more of the following:

- Any credit bureau
- Any life insurance or credit provider's industry association
- Any other association of any industry in which we operate, this includes information related to creditworthiness, credit history, financial history, personal information, judgement history and default history

Payment dates

1. Discovery Invest and Discovery Life

The payment date you choose affects your debit order as follows:

- If you choose a payment date between the 11th and the 31st of a month, Discovery debits your account in advance. In other words, you pay the fee for the month before the month starts.
- If you are changing your payment date from a day before the 10th of the month to after the 11th of the month, you may have a double debit (get charged twice your premium or contribution) for the first debit after you make the change.
- If you have chosen a payment date between the 27th to the 1st of a month, your account may only be debited with the next month's premium collection because of the way our system processes this.
- If you choose a payment date from the 2nd to 26th of a month, you must ask for the change to your debit date to be done at least 72 hours before the date you choose.

2. Discovery Insure

Discovery Insure allows you to choose any day of the month as your payment date. Depending on the start date of the policy, you will be billed as follows:

- If the policy starts on the 1st of the month, the payment date is on the 1st of month and you will pay the fee for the full month ahead.
- If the policy starts on the 2nd to the 31st of the month and the payment date is the 1st of the month, you will be billed within 48 hours of the policy starting.
- If the policy starts on the 1st of the month and the payment bill date is after this date, we will pro-rata the remainder of the month and charge it with your first debit order. Pro-rata means a portion of the month in this case. For example, if your plan cost you R500 a month and your bill date is on the 15th, we will charge you R250 for the first 14 days of your membership and add the next month's debit amount of R500 to it. If the start date is on the 2nd to the 31st of the month, you will have to pay for the days remaining in the month until the next billing date as well as the full monthly fee for the next month.
- If the first debit order for the policy is not successful, we will withdraw the policy straight away.
- If the first debit order for the policy was successful, and any other later debit order is unsuccessful, Discovery will try to debit the account again. You have 15 days to pay your premium or we will withdraw the policy.

Note: We process your personal information as we set out in the Discovery privacy statements for each business, available at <https://www.discovery.co.za/corporate/legal>. By accepting these terms and conditions or by providing personal information to us, you agree and give permission for us to use your personal information as we set out in our privacy statements. If you do not agree or give us permission to use your personal information, we may not be able to provide our products or services to you. If you believe we have acted in a way that contradicts our privacy statements, please let our privacy office know at Privacy@discovery.co.za

Reference number

This Agreement reference numbers are listed below:

- For Discovery Life - DISCLIFE
- For Discovery Insure - DISCINSURE, INSURE, INSURE ACT
- For Discovery Invest – INVEST, DISCINVT
- For Discovery Gap Cover – INSGAPREM
- For Discovery Supplementary Illness Benefit - DLGAPREM

Deduction date: as per signed contract

Deduction amount: as per signed contract

Payment due date: as per signed contract

Signature of account holder

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

Date

D	D	M	M	Y	Y	Y	Y
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In addition to the above terms, the policyholder or their proxy and bank account holder must agree to the following

1. 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.
2. I hereby authorise Discovery to verify the banking details as provided above for the purposes of setting up the debit order, in need.
3. I confirm that the account listed above complies with the Financial Intelligence Centre Act ("FICA").
4. I confirm that if I miss a premium collection date I authorise that Discovery may deduct a double debit of my premiums 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 policy holder, give Discovery and its subsidiaries acting in their relevant capacities permission to change my banking details.

Signed at (town or city)

Signature of policyholder

Date

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