



Administrators (Pty) Ltd

An authorised financial services provider – FSP: 26848

Request to Change Bank Details / Debit Order

Call Centre: 010 021 0260

Fax: 086 683 1913

E-Mail: office@curaadmin.co.za

1. Principal Details:

Policy Number	<input type="text"/>	Surname	<input type="text"/>
First Name	<input type="text"/>	ID Number	<input type="text"/>
Cell	<input type="text"/>		
E-mail Address	<input type="text"/>		
Postal Address	<input type="text"/>		
	<input type="text"/>	Code	<input type="text"/>

I, the undersigned, hereby request Cura Administrators to amend my bank details with effective date _____

and all future deductions to be deducted on _____ (deductions from 1st to 15th of a month).

2. Bank Details:

Account Holder's Name	<input type="text"/>		
Bank Name	<input type="text"/>	Branch Name	<input type="text"/>
Account Number	<input type="text"/>	Branch Code	<input type="text"/>
Account Type	Current Account <input type="checkbox"/>	Transmission Account <input type="checkbox"/>	Savings Account <input type="checkbox"/>
Account Holder Signature	_____		Date _____
Client Signature	_____		Date _____

All completed documents and relevant documentation must reach our office before the 15th of a month in order for changes to be effective for the 1st of the following month.

No deductions will be allowed from a credit card account.

Please Attach:

A copy of the Premium Payer's ID document;
 Proof of bank details (Top section of bank statement / Cancelled cheque / Letter from bank)
 Company Deductions - Letter on company letterhead confirming deduction can be made