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FSB No. 24370

Hennox 503 CC T/A

REFUND DECLARATION

Insured (Full Names): _____

Policy Number: _____

Date Cancelled: _____

Premium to be refunded Date debited: _____

I, the above insured hereby confirm that my debit order will not return for any reason for the above mentioned month / months.

I hereby wish you to refund the premium on the next refund date.

If the premium should return after confirmation and refund was done, I the above insured own the money back to Hennox 503 CC and hereby confirm that I will deposit the amount into the following account

BANK:	NEDBANK
ACCOUNT NAME:	FULCRUM COLLECTION
BRANCH CODE:	198765
ACCOUNT NUMBER:	1068737190
REF NUMBER:	POLICY NUMBER

If the premium was not received after a month, I hereby give consent and authorization that Fulcrum Collection can debit my account with the outstanding amount returned.

Please take note refund proses can take up to 48 to 72 working hours weekends and public holiday excluded.

Signed at _____ on the _____ of _____ 20_____

INSURED