Authorization to Deduct Insurance Premiums from the Account

Bank.....

Branch.....

I, Names: .....other names.....

ID no.....Bank account.....

No Telephone: .....Email: .....

Employer name:.....

I hereby grant you the authorization to deduct every.....

From the account referred to above, the amount: .....FRW.....

.....

The premiums shall be deposited into the account of SanlamAllianz Life Insurance Plc account no....., This authorization will take effect from the date:..... and will remain valid until the date: ....., indicating that the premiums will be deducted a total of ....times, amounting to.....FRW.....

Any changes to this authorization are subject to approval by the Bank upon receiving consent from "SanlamAllianz Life Insurance Plc"

Done at:.....On:.....

On behalf of SanlamAllianz Life Insurance Plc

Client's/Employee Signature

I hereby grant full authorization
to deduct premiums from my account

(for Bank official Use only)

Signatures verified on (Date) .....

Authorized Personnel's Stamp and Signature