



Change of Banking Details



NEW BANKING DETAILS

First Names:

Surname:

IFA Number:

Policy Number:

PLEASE DEBIT FROM THE FOLLOWING ACCOUNT

(Please ensure you provide supporting documents.)

(When using a 3rd party bank account for commission payments, both parties need to sign the documentation.)

Bank Account Holder's Name:

Bank:

Account Number:

Branch Name:

Branch Code:

Signed by Account Holder:

(Please remember to sign)

Date:

Contact Details:

(Don't forget to complete this block!)

PLEASE ALSO CHANGE MY COMMISSION BANK DETAILS AS INDICATED ABOVE:

Yes

No

Please provide proof of bank details – i.e. bank statement, letter from the bank or cancelled cheque.

Once completed, please **fax** to the Commissions Department on **(011) 320 3101**.

.....
Received by

.....
Date

Clientèle Life Assurance Company Limited

Registration no. 1973/016606/06, PO Box 1316, Rivonia 2128, South Africa

Clientèle Office Park • Cnr. Rivonia and Alon Roads • Morningside

Tel # 011 320 3333 • Fax # 011 320 3133 • email: services@clientele.co.za • www.clientele.co.za

Directors: G Q Routledge (chairman) B W Reekie (managing) P R Enthoven

A D T Enthoven (alternate) H Moola I B Hume G J Soll B A Stott W van Zyl (company secretary)

G O Simpson (authorised compliance officer)

Clientèle Life is an authorised Financial Services Provider FSP number: 15268