



**AFRICAN UNITY**  
LIFE

# STOP ORDER REQUEST: INSURANCE

Underwritten by African Unity Life Ltd, a registered insurer and an authorised financial services provider, FSP No 8447  
Contact Details: T: +27 (0) 861 234 555 - F: +27 (0) 21 180 4725 - [www.africanunitylife.co.za](http://www.africanunitylife.co.za)  
109 Jip de Jager Drive, Springfield Office Park, Bellville 7530

## STOP ORDER REQUEST FORM: INSURANCE

Policy No

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PERSAL No

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**For use in respect of Insurance by all Government Departments in the Republic of South Africa**

I, the undersigned:

Full Name &  
Surname

ID  
No

Hereby authorise the Accountant of the Department of

To deduct

R

For the month of

20

& monthly thereafter the amount of

R

From my salary and remit it to **AFRICAN UNITY LIFE LTD** (Reg No: 2003/016142/06)

## INSTITUTION CODE: 0292

Until such time as I cancel this authorization in writing or substitute it with a new authorisation. Should the relevant premium be adjusted by the Company / Institution, I confirm that such increases may be deducted from my salary until such time as I cancel or replace this authorization in writing.

## AUTHORIZATION

Signed at

On this

Day of

20

Signature

**PROCESSED**

Accountant

Date