Combined Consent, Mandate & Debit Order Authority

Risk Benefit Solutions (Pty) Ltd
Financial Services Provider License No. 4903

Insured Name: BLACKHOUND ENTERPRISES

Mandate and Appointment

RBS is hereby appointed as your insurance broker to handle all matters pertaining to your insurance requirements effective from the date on which the client first approached RBS, or was approached by RBS, or the inception date of a policy arranged by RBS, whichever is the earliest.

The Standard Terms and Conditions of Business is available on our website at: http://www.rbs.co.za/terms-conditions/ and are deemed to be incorporated herein.

Broker Fee Consent

RBS renders the following services in respect of your short-term insurance policy: Intermediary services; advice, administration services and various other services in relation to your short-term Insurance Policy.

The insurer pays a commission to RBS for intermediary services. This commission does not increase or affect your premium in any way.
In respect of risk advisory, administration and various other services in relation to your short-term Insurance Policy

- a fee of 10 % (percent) calculated as a percentage of the gross premium, or a flat fee of R which may be adjusted annually in accordance with inflation.

These fees are included in your premium and will be transparently communicated in your policy documents.

Insurance Risk Score Consent

I hereby give RBS permission to check my insurance risk score.
We may do this check every year when your policy renews, every time the cover on your policy changes and also when you claim. The reason we check your insurance risk score with credit agencies, is to accurately price your policy and assess our risk. It is not the same score as a credit score which a lender would typically be interested in, and checking your insurance risk score will not affect your credit score.

Debit Order Authority

Declaration

I hereby authorise Risk Benefit Solutions (Pty) Ltd (hereinafter referred to as the company "ABSN:RBS") to draw against the below account (or any other bank to which I might transfer my account) the amount necessary for payment for the monthly amount due in respect of the insurance contract/policy concluded.

The amount of the debit may vary from time to time to reflect any change in cover, risk, sum insured or premium.

This authority may be cancelled by myself by giving the company 30 days' notice in writing, but I understand that I shall not be entitled to any refund amounts which the company have withdrawn while this authority is in force if such amount were legally owing to the company.
Receipt of this instruction by the company shall be regarded as received by my bank. A third party may collect the premiums on behalf of the company.

Account Holder Details *Individual: Name and Surname *Company: Registered Name	BLACKHOUND ENTERPRISES
Name of Bank	NEDBANK
Branch	198765
Type of Account (Current, Savings, ect)	Current
Account Number	1212774191
Preferred Debit Date	☑ 1st ☐ 7th ☐ 15th ☐ 25th (Deducted in advance) Applicable only to Personal Lines policies

Acceptance

Signature: 

Date: 28.01.2026

Insurance solved.
An authorised Financial Services Provider