

## Stop order payment instruction

Stop order instruction															
Please complete your stop order instruction details below								PERSAL CODE	0321						
Full name of authorised person															
National identification number of authorised person									Monthly amount						
Employer name															
Employee code/salary no							Pay day of the month?								
Pay station							Deduction start date	D	D	M	M	Y	Y	Y	Y
Policy or membership number															
<p><b>You hereby instruct your employer to deduct your monthly premium from your salary to give to BrightRock Life Limited (FSP 11643) as per the details provided here.</b></p> <p><b>Should BrightRock Life Limited adjust the premium as a result of general increase or decrease in rates or should you request the insurer to increase or decrease your premium for certain reasons, you confirm that the adjusted premium may be deducted from your salary, until such time as you cancel this authorisation in writing.</b></p>															

Stop order payment authorisation		
Name of authorised person	Signature of authorised person	Date