

AUTHENTICATED EARLY DEBIT ORDER DEDUCTION MANDATE INSTRUCTION AND DETAILS

Notes:

Complete in CAPITAL letters, using black ink.

Tick the relevant block unless otherwise indicated

The policy holder and/or main member confirms that he/she has duly completed a policy application form and the authorisation as per the details below forms an integral part of the said policy application form.

DETAILS OF MAIN MEMBER

Surname

First names

ID number

Membership number

DEBIT ORDER:

Risk premium payer declaration: I hereby authorise UBUNTU BIIG to debit my bank account starting on the date provided below.

ACCOUNT HOLDER DETAILS:

Full name and surname

Contact number

Name of bank

Account number

Branch name

Branch code

Type of account

☐

Current

☐

Savings

☐

Transmission

Monthly with effect from

| | | | | | | | | | | | | | | | |
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DEBIT ORDER MANDATE:

I hereby authorise you to issue and deliver payment instructions to the bank for collection against my abovementioned bank account as per the details provided above on condition that the sum of such payment instructions will never exceed my obligations as agreed hereto.

The payment mandate will continue until this authority is terminated or amended by me, by giving UBUNTU BIIG 30 ordinary working days' written notice.

I acknowledge that the policy, benefits and this mandate will be terminated after TWO (2) consecutive non-payments from my bank account.

If there are insufficient funds in my bank account to meet the obligation, I agree that UBUNTU BIIG may track my account for up to a maximum of thirty-two (32) days, and re-present the instruction for payment as soon as sufficient funds are available in my account.

I agree that I am responsible for the payment of all bank charges relating to this payment instruction at my/our bank.

I agree that withdrawals will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. I acknowledge that there will be an identifiable reference number which must form part of this payment instruction, through which my payment can be identified.

I acknowledge that this Authority and Mandate has been ceded to NUPAY, as per UBUNTU BIIG's agreement with NUPAY, but in the absence of such assignments of the Agreement, this Authority and Mandate will be null and void.

I agree that I shall not be entitled to any refund of amounts which UBUNTU BIIG has withdrawn while this authority was in force, if such amounts were legally owing to UBUNTU BIIG.

I acknowledge that UBUNTU BIIG may not cede any of its rights to any third party without my prior written consent and that I may not delegate any of my obligations in terms of this contract/authority to any third party without the written consent of UBUNTU BIIG.

Signed at _____ on this _____ day of _____ 20 _____

Account holder's signature