





DEBIT ORDER MANDATE

I resigned / retired and my last day will be2	_
My banking details changed effective2 Due to Persal rejection, change total policy premium to debit of	
	rder
Other:	
MEMBERSHIP NUMBER: 69	R
MEMBERSHIP NUMBER: 69	R
BANK NAME:	CODE:
ACCOUNT HOLDER:	
ID NUMBER:	
ACCOUNT NUMBER:	
TYPE OF ACCOUNT: Current (Cheque) Savings	Transmission
DEDUCTION DATE: Last day of the month OR da	y of every month
mentioned account at my above-mentioned Bank (or any other bank o	er payment instructions to your Banker for collection against my abover branch to which I may transfer my account) on condition that the sum
	tions as agreed to in the Agreement and starting on the is Authority and Mandate is terminated by me by giving you notice in
writing of not less than 20 ordinary working days, and sent by prepaid r In the event that the payment day falls on a Sunday, or recognised Sout following ordinary business day. Payment Instructions due in December	h African public holiday, the payment day will automatically be the
I understand that the withdrawals hereby authorised will be processed also understand that details of each withdrawal will be printed on my b	I through a computerised system provided by the South African Banks. I bank statement. Such must contain a number, which must be included in to identify the Agreement. This number must be added to this form in
Section E before the issuing of any payment instruction.	
A. Mandate - I acknowledge that all payment instructions issued by you shall by me personally.	be treated by my above-mentioned Bank as if the instructions have been issued
B. Cancellation - I agree that although this Authority and Mandate may be ca entitled to any refund of amounts which you have withdrawn while this Au	ncelled by me, such cancellation will not cancel the Agreement. I shall not be athority was in force, if such amounts were legally owing to you.
	to a third party if the Agreement is also ceded or assigned to that third party, but andate cannot be assigned to any third party.
Agreement Neierence Wuniber - This Agreement reference Humber is 3	ATTION TO TO STATE OF THE POINT OF THE ISSUED.
(Account holders signature)	(Date)
(Email address)	(Cell number)
ADMINISTRATOR DETAILS:	$-\nabla_{\mathbf{q}}$

Phakama Administration Services

Tel: (012) 348 8310 Fax: 086 514 1115

Email: info@phakama.co.za



DEBIT ORDER PROCESS – SADTU VOLUNTARY FUNERAL POLICIES

For continuous cover, ensure that your debit order deduct from your bank every month.

Kindly note that if your debit order deduction is rejected by your bank. No premium will be received by us.

Please read the below information and make sure to make urgent payment arrangements if your bank rejected your payment or if you had insufficient funds available.

*DEBIT ORDER RETURNED DUE TO INSUFFICIENT FUNDS:

1ST UNPAID DEBIT ORDER

- Two deductions will automatically be submitted the following month on the same date and banking details.
- Please notify us urgently if you're banking details or deduction date has changed.

2nd UNPAID DEBIT ORDER

- In the event of a double deduction also being dishonoured, your policy will lapse.
- You need to complete and submit a NEW debit order Instruction Form.
 - Your waiting periods will start over again and the policy will commence again on receipt of the next successful premium.
- Notify us urgently if you're banking details or deduction date has changed.
- Contact us for special arrangements before the 30 days grace period is over.

*DEBIT ORDER DISPUTED OR OTHER REASONS THAN INSUFFICIENT FUNDS:

Dispute/Unpaid errors:

- 1. Debit not allowed to this account
- Payment stopped by account holder 2.
- Bank account frozen
- 4. Account in sequestration
- 5. Account closed
- 6. Bank details incorrect/ no such account
- 7. No authority to debit
- 8. Authorisation cancelled
- 9. Premium reversed at the bank

IF any of the above applies it will cancel the authority that we had to deduct from your account and a NEW Debit Order Instruction Form MUST be completed and submitted again.

Submit the new Debit Order Instruction form to info@phakama.co.za

It will be your responsibility to:

To provide us with a new Debit Order Instruction Form.

Contact Phakama offices for a payment arrangement before the 7th of the following month to avoid your policy from lapsing.

IT IS IMPORTANT TO FAMILIARISE YOURSELF WITH THE FULL TERMS & CONDITIONS

ADMINISTRATOR DETAILS:

Phakama Administration Services Greenhill Village Office Park Candlewood Building, Ground Floor C\O Nentabos & Botterklapper Street Die Wilgers, Pretoria

0184

Tel: (012) 348 8310 Fax: 086 514 1115

Email: info@phakama.co.za

