



DEBIT ORDER MANDATE

<input type="checkbox"/>	I resigned / retired and my last day will be _____ 20__
<input type="checkbox"/>	My banking details changed effective _____ 20__
<input type="checkbox"/>	Due to Persal rejection, change total policy premium to debit order
<input type="checkbox"/>	Other: _____

MEMBERSHIP NUMBER: 69 _____	R _____
MEMBERSHIP NUMBER: 69 _____	R _____

BANK NAME: _____	CODE: _____												
ACCOUNT HOLDER: _____													
ID NUMBER:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
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TYPE OF ACCOUNT:	<input type="checkbox"/> Current (Cheque) <input type="checkbox"/> Savings <input type="checkbox"/> Transmission												
DEDUCTION DATE:	<input type="checkbox"/> Last day of the month OR _____ day of every month												

FRB Minimum Requirements for Written Authority and Mandate for Debit Payment Instructions

To (name of beneficiary)

PHAKAMA ADMINISTRATION SERVICE

Abbreviated Name as Registered with the Bank

SAFRICAN

Beneficiary's Address

22 HIBISCUS STREET, LYNNWOOD RIDGE, 0081

I hereby authorise Phakama on behalf of **SAFRICAN** to issue and deliver payment instructions to your Banker for collection against my above-mentioned account at my above-mentioned Bank (or any other bank or branch to which I may transfer my account) on condition that the sum of such payment instructions will never exceed my obligations as agreed to in the Agreement and starting on the _____ (YYYY/MM/DD) and continuing until this 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 registered post or delivered to your address as indicated above.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the following ordinary business day. Payment Instructions due in December may be debited against my account on ____

I understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me 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 be treated by my above-mentioned Bank as if the instructions have been issued by me personally.
- B. Cancellation** - I agree that although this Authority and Mandate may be cancelled by me, such cancellation will not cancel the Agreement. I shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.
- C. Assignment** - I acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Agreement Reference Number - This Agreement reference number is **SAFRICAN** followed by your policy number once issued.

(Account holders signature)	(Date)
(Email address)	(Cell number)

ADMINISTRATOR DETAILS:

Phakama Administration Services

Tel: (012) 348 8310

Fax: 086 514 1115

Email: info@phakama.co.za



PLEASE SEND COMPLETED CANCELLATION FORM TO: FAX 086 514 1115 or 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
2. Payment stopped by account holder
3. 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.

OR

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
Administration Services
22 Hibiscus Street,
Lynnwood Ridge, 0081
Tel: (012) 348 8310 Fax: 086 514 1115
Email: info@phakama.co.za

