

DEBIT ORDER MANDATE

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

A. Authority

Membership number _____
Policyholder ID number _____
Given by (name of Accountholder) _____
Address _____
Email address _____
Cellphone number _____
Bank _____
Branch and Code _____
Account Number _____
Type of Account (*delete that which is not applicable*) Current (cheque) / Savings / Transmission
Amount _____
Date _____
To (name of beneficiary) _____
Abbreviated Name as Registered with the Bank TABLECHARM
Beneficiary's Address _____

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement").

I hereby authorise Phakama Administration Services on behalf of VyroPlus for Table Charm 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 commencing on _____ 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.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly, bi-monthly, three monthly, six monthly, annually, weekly, bi-weekly (**delete that which is not applicable**).

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day.

Payment Instructions due in December may be debited against my account on _____.

If for any reason it is not honoured, two withdrawal runs will be done the next month. In the event of this second run being dishonoured, the policy will lapse. Should the relevant premium rate be adjusted by the Institution as a result of an inflation related increase in subscription/premium/payment rate, I confirm that the adjusted premium rate may be deducted.

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.

B. 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.

C. 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.

D. 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.

Signed at _____ on this _____ day of _____.

(Signature as used for operating on the account)

(Assisted By)

E. Agreement Reference Number

This Agreement reference number is TABLECHARM followed by your policy number once issued.