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Reg Nr: 2013/085143/07

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**BANK DEBIT ORDER INSTRUCTION**

Name (Debtor) :	_____	Date :	_____
Address :	_____	Contract No. :	_____
	_____	Debit Amount :	_____
	_____	Commencement Date:	_____
Contact No:	_____	Abbreviated name as registered with the bank :	ACCELERA

Dear Sirs/Madams, the details of my/our account are as follows:

BANK :	_____	ACCOUNT NAME :	_____
BRANCH TOWN:	_____	ACCOUNT NO :	_____
BRANCH NO :	_____	TYPE OF A/C :	_____ (savings, current, transmission)

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorize you to issue and deliver payment instructions to the bank for collection against my / our abovementioned account at my / our above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorized to be issued must be issued and delivered as follows

- i. On the \_\_\_\_\_ day ("payment day") of each and every month commencing on \_\_\_\_\_ 20\_\_\_\_. In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;
- ii. Monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less that the obligation due;

I / We understand that the withdrawals hereby authorized 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. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I / We 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.

**MANDATE**

I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally.

**CANCELLATION**

I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / We 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.

**ASSIGNMENT**

I / We acknowledge that this Authority may be ceded to 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.

**UNSUCCESSFUL DEBIT ORDER DEDUCTION:**

I furthermore agree that in the event of the above-mentioned debit order being unsuccessful, the above-mentioned premium for the drafting of my Will may be deducted from the following month from my salary, together with my Executor's assistance premium, by African Unity Life Ltd (Reg No. 2003/016142/06).

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS



**STOP ORDER REQUEST – INSURANCE VAP – DRAFTING OF WILL**

**FORCE NO:**

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For use in respect of Insurance by all Government departments in the Republic of South Africa

**INSURANCE VAP – DRAFTING OF WILL**

I, the undersigned:

Full Name & Surname :

.....  
.....

ID Number :

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Hereby authorize the Accountant of the DEPARTMENT OF DEFENCE to deduct R ..... for ..... months

Starting in the month of ..... 20 ..... and monthly thereafter the amount of

R ..... from my salary and to remit it to **AFRICAN UNITY LIFE LTD** (Reg No 2003/016142/06).

**INSTITUTION CODE : 0292**

Until such time as I cancel this authorization in writing, or substitute it with a new authorization. Should the relevant premium be adjusted by the Company / Institution, I confirm that such increases may be deducted from my salary until such time as I cancel or replace this authorization in writing.

**TERMS AND CONDITIONS / DECLARATION BY THE MAIN MEMBER**

- I agree that in case of the stop order being rejected for any reason, the above-mentioned drafting fee may be deducted from my bank account (as per the attached debit order instruction).
- I agree that the drafting fee may be deducted together with my monthly Executor’s Assistance premium, until the R900 fee is settled.
- ACCELERA IS A JURISTIC REPRESENTATIVE UNDER AFRICAN UNITY LIFE LTD, A REGISTERED FINANCIAL SERVICES PROVIDER : FSP NO 8447

Signed at ..... on this ..... day of .....20 .....

Member Signature : .....

Processed:

Accountant : ..... Date : .....