

Payment Method (Please tick the appropriate payment method)

Payment Method: Debit Order: Stop Order: Easy Pay: Bank Stop order: Debicheck:

BANK DEBIT ORDER INSTRUCTION

Bank Account Details

Name : ID:
Surname: Cell Number:
Bank: Address:
Account Number: Debit Amount: R
Account Type:
Branch Code:
Reference on payer's bank statement: NPDIGNITYG Deduction Date:

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise _____ 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 authorised to be issued must be issued and delivered as follows:

On the _____ day ("payment day") of each and every month commencing on _____. In the event 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.

I / We understand that the withdrawals hereby authorised 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I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.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

ALTERATIONS TO METHOD OF PAYMENT (ONLY APPLICABLE FOR PERSAL DEDUCTIONS)

I hereby confirm that I have read the information above and understood the content thereof.

I hereby authorise the method of payment to be altered in the event of me not qualifying for persal deduction as follows;

Other stop order: Debit order:

PROTECTION OF PERSONAL INFORMATION

African Unity Life Limited ("AUL") understands that your personal information is important to you, therefore your privacy is just as important to AUL and we are committed to safeguard and process your information in a lawful manner.

By signing your initial below, you agree and consent to the following:

I consent to the processing of my personal information, including the sharing of information for purposes of implementing and maintaining this policy and such other services which may include verifying my identity, processing and paying of future claims and using my personal information in risk models and personal profiles to enhance the overall risk management by the insurer;

I consent to receive direct marketing of goods or services to be marketed by means of electronic communication; and

I acknowledge that I have certain rights, such as objecting to the collection of my personal information and lodging a complaint in this regard. (Further information may be obtained on the insurers website or the disclosure document which will be provided to the policy holder.)

Signature : _____

Date:

Tel: 0861 777 100

Fax: 086 219 6250

Email: info@dignitygroup.co.za