

DIRECT DEBIT AUTHORIZATION FORM

CUSTOMER INFORMATION

Account Name: _____
 Postal Address: _____

 Contact Number(s): _____
 Email Address: _____

DIRECT DEBIT INSTRUCTIONS

Premiums (GHS): _____
 Amount in words: _____

Date of first deduction: Subsequent deductions: Weekly Monthly
D D M M Y Y Y Y Quartely

Day of every deduction until further notice in writing/until / / 20.....

CLIENTS BANK ACCOUNT DETAILS

Name of Bank: _____
 Branch where account is held: _____ Sort code
 Bank Account Name: _____
 Bank Account Number:

TERMS AND CONDITIONS

I/we the undersigned hereby authorize the bank to deduct my/our periodic contributions for my/our Personal Investment Account as indicated above subject to the terms and conditions provided below.

The above product and Africa Trust Capital are hereby indemnified against any claim or liability that may arise with respect to my/our providing of wrong credentials or any other error in my/our instructions in respect of which Africa Trust Capital acts in implementing my/our direct debit authorization.

- 1** The efficiency of the Direct Debit scheme is monitored and protected by all parties involved.
- 2** If an error is made by any of the parties involved, during your Direct Debit payment, you are entitled to full and immediate refund to your account .
- 3** If you receive a refund you are not entitled to, you must notify Africa Trust Capital immediately and pay back.
- 4** The client can cancel this mandate at any time by writing to Africa Trust Capital(ATC) within 30 days in advance of your account being debited.

Clients Signature(s): _____ Date: _____

Reviewed by: _____ Date: _____