

ABSA BANK (U) LTD DIRECT DEBIT

PRUDENTIAL UGANDA

P. O. Box 2660 Kampala, Uganda

Tel. +256 414 343897

UGX DIRECT DEBIT MANDATE FORM

POLICY NUMBER.....

ACCOUNT NUMBER

6	0	0	5	0	7	0	7	1	4
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PRUDENTIAL UGANDA is pleased to offer you a direct debit service which will save you time when paying your premium(s). This direct debit service is available to all who have a Uganda shillings account Absa bank Uganda Limited. Your account will be debited with the agreed amount from your shilling account and payment made to our account at ABSA BANK UGANDA LIMITED. Absa -.

Please complete the entire form using a ball point pen:

To The Manager,
Corporate Service Centre
ABSA BANK UGANDA LIMITED. Absa -
Plot 4 Hannington Road

Name of Customer _____

Telephone Number _____

Email

Address _____

Date _____

The details of my/our bank accounts are as follows: Bank /Branch: _____

Account Number:

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I / We hereby request, instruct and authorise you to draw against my / our account with the above mentioned bank or branch the sum of UGX _____

Amount in words: _____,

“the amount necessary for payment of the instalment / premium due in respect of the above-mentioned agreement / insurance” on the _____ day of each and every period selected (month, quarter, semi-annually or annually) commencing on _____ and continuing until _____ or advised otherwise (as the case may be).

All such withdrawals from my / our account by you shall be treated as though they have been signed by me / us personally.

The amounts may be variable and may be debited on various dates, provided there are sufficient funds in my/our account. I / We understand that you may change the maximum amount and dates only after giving me / us prior notice in writing.

I / We understand that the withdrawals hereby authorised will be processed by direct debit transfers, and I / we also understand that details of each withdrawal will be printed on my bank statement and/or accompanying voucher.

I / We agree to pay any bank charges relating to this direct debit authority (this “Authority”), including any charges amounting to UGX 11,000 resulting from there being insufficient funds in my/our account.

Receipt of this Authority by you shall be regarded as receipt thereof by my / our bank.

This Authority may be cancelled by me/us by giving you thirty days’ notice in writing, sent by prepaid registered post, or delivered to the offices of PRUDENTIAL Uganda, but I / we understand that I/we shall not be entitled to any refund of amounts which you have already withdrawn while this Authority was in force if such amounts were legally owing to you.

I/We understand that if any Direct Debit Transfer is paid which breaches the terms of this Authority, you will make a refund upon demand.

Any disputes between me/us and PRUDENTIAL Uganda shall be settled independently of and without recourse to the Bank.

I/We understand that if there are insufficient funds on my account, I will pay a penalty as per the prevailing bank tariff guide.

Signed this _____ day of _____ 20 _____

SIGNATURE AS USED FOR SIGNING CHEQUES (Please ensure this is identical to your signature specimen with the Bank)

<p>For bank Use Only:</p> <p>Confirm Bank Details and Signature _____ Approved By: _____</p>
