PRUDENTIAL

GTBank
Guaranty Trust Bank

Prudential Assurance Uganda Limited
P.O. Box 2660 Kampala. Tel +256-414-231-578

GUARANTY TRUST BANK (UGANDA) LIMITED - DIRECT DEBIT MANDATE FORM

To the Branch Operations Manager,
Guaranty Trust Bank (Uganda) Limited

P.O. Box 7323

Kampala - Uganda

Name of customer: _____
Telephone Number: _____ Date:

2	**1**	**1**	**1**	**2**	**9**	**1**	**0**	**2**	**1**	**5**	**1**	**1**	**8**	**0**

The details of my/our bank accounts are as follows;

BANK: _____ BRANCH:
_____

ACCOUNT NO:

Dear Sir/Madam,

SERVICE CONTRACT NO (POLICY NO): _____

I/We hereby request, instruct and authorize 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 installment / 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 the _____ and continuing until _____/_____/_____
All such withdrawals from my/our account by you shall be treated as though they have been signed by me/us personally. The amounts will be fixed and may be debited on specific 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 notice in writing.

I/We understand that the withdrawals hereby authorized 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 UGX 11,500 for Standing Order set-up fee – **onetime cost**. (The charges are inclusive of excise duty any bank charges relating to this direct debit authority (this "**Authority**"),

Receipt of this authority by you shall be regarded as receipt thereof by our/my bank.
This authority may be canceled by me/us by giving you thirty days' notice in writing, sent by prepaid registered post, or delivered to the offices of Prudential Assurance Uganda Limited, but I/we understand that I/we shall not be entitled to any refund of amounts which you have already withdrawn while this Authority was in force if such amounts were legally owing to you.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 Assurance Uganda Limited shall be settled independently of and without recourse to the Bank.

Signed at (time) _____ this ____ day of _____ (month) 20 ___

_____
SIGNATURE AS USED FOR SIGNING CHEQUES

For Bank Use Only

Confirm bank details and signature _____ Approved by: _____

Date/Stamp: _____