



Direct Debit Authority

Date												
FROM	(Name o (Address)	f Custom	er)									
TO I	PRUDENTIAL	ASSURAN	CE UGANDA	_ (herein	referred	to as "P	RUDENT	IAL")				
Dear Sirs												
MY AGRE	EMENT											
DATED												
The detai	Is of my / our	bank acc	ount are as	follows: -								
BANK												
BRANCH	NAME AND T	OWN ACC	OUNT NUM	IBER				1	1	1	1	
I / We he transfer r withdraw	reby request my / our accorals from my /	instruct a ount the a our acco	nd authorise amount nece	e you to d essary for shall be tr	Iraw agair paymen eated as	nst my / t due to though	our acco PRUDEI they hav	ount witl NTIAL in e been s	n the St respect igned by	anbic Ba of this / me / us	nk which agreemer s persona	n I / we may nt. All such
The amount due on a regular basis is Uganda Shillingsday of each and every month/Quarter/Year commence												
	g as this Agreng me / us pri	ement re	mains in for								nount and	
understar to pay an	nderstand thand that detail nd that detail y bank charg elating to unp	s of each ves relating	withdrawal v g to this Aut	will be pri	nted on m addition 1	ny bank	stateme	nt or and	laccomp	oanying v	oucher. I	I / We agree
post, or o	ority may be delivered to t which PRUDE TIAL.	he office	s of PRUDE	NTIAL but	ː I / we u	ndersta	nd that	I / we sh	nall not	be entit	led to an	y refund of
We unde	f this Authori rstand that if oon applicatio	any Dire		_								
Signed at		on this	d	lay of		20						
				SI	GNATURI	E AS						
USED FOR	R SIGNING CH	EQUES										