



Schedule 3: DIRECT DEBIT AUTHORITY

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

EQUITY BANK - DIRECT DEBIT MANDATE FORM

To the Branch Operations Manager,
EQUITY BANK UGANDA
P.O. Box 10184
Kampala - Uganda

Name of customer:
Telephone Number: Date:

Table with 13 columns containing the number 1004200836772

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

BANK:
BRANCH:
ACCOUNT NO:

Table with 13 empty columns for account number

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 ___/___20___

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 any bank charges relating to this direct debit authority, including any charges amounting to UGX 5,000 resulting from there being insufficient funds in my/our account.

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Uganda Limited, but I/we understand that I/we shall not be entitled to any refund of amounts which you have already withdrawn while this Authority was in force if such amounts were legally owing to you.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: