

**BANK DEBT ORDER INSTRUCTION**

Name & Surname:

Bank:

Account Number:

Account Type:

Branch Code:

Reference on payer's bank statement : NPDIGNITYG

ID:

Cell Number:

Address:

Debit Amount:

Deduction Date:

I hereby authorise Dignity Group to issue and deliver payment instructions to the bank for collection against my above mentioned account at my bank on condition that the sum of such payment instructions will never exceed my obligations as agreed to in the Agreement, until this Authority and Mandate is terminated by me by giving you notice in writing of no less than 31 ordinary working days.

On the \_\_\_\_\_ day ("payment day") of each and every month commencing on \_\_\_\_\_. In the event the payment day falls on a Saturday, Sunday or any recognized South African public holiday, the deduction will automatically be a day prior. I further agree that if Dignity Group is unable to collect my premium on the date that I have chosen because of insufficient funds in the nominated account to meet the obligation, Dignity Group, with help of my bank will track my account and deduct my premiums when there is sufficient funds available in my account.

**ALTERATIONS TO METHOD OF PAYMENT**

Only applicable for personal deductions  
I hereby authorise the method of payment to be altered in the event of me not qualifying for personal deduction as follows  
I hereby confirm that I have read the information above and understood the content thereof

Other stop order:  Debit order:

**MANDATE**

I acknowledge that all payment instructions issued by you shall be treated by my above mentioned bank as if the instructions had been issued by me/us personally.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

PREMIUM PAYER SIGNATURE \_\_\_\_\_