

EXECUTIVE UNDERWRITING MANAGERS Pty Ltd

Abbeviated Name: EUMANAGERS USER ID: 8951

113 Van Rensburg Street, Parktown Estate, 0084 Tel: 012 546 9977

 $\hbox{E-mail:}\ \underline{\textbf{petra@eumanagers.co.za}}\ /\ \hbox{info@eumanagers.co.za}$

DEBIT ORDER AUTHORISATION

ACCOUNT HOLDER (DEBTOR) INFORMATION:					
ID Number / Registration Number: Name & Surname / Company Name:					
Address:Code					
Contact Details:(Home)(Mobile)(Work)					
If Company / CC, Name of Person(s) signing this:					
Account Holder Name: Bank:					
Branch / Code:					
Account Type: CURRENT SAVINGS TRANSMISSION OTHER If "Other" supply details:					
COLLECTION INSTRUCTION:					
Interval: Once off Monthly Quarterly Biannually Annual Weekly Biweekly					
Is this limited to fixed amounts, or to debits due in future that may vary? Fixed amounts:					
Variable amounts:					
Note: if variable, the amount(s) hereunder may be exceeded.					
* <u>Once off transaction:</u> Collection date: dd/mm / 20 R (Amount)					
* Recurring transactions: CONTINUE INDEFINATELY UNTILL CANCELLED BY DEBTOR? YES NO					
1 st Collection date: dd/mm/ 20 R(Amount)					
Day of Month thereafter: (1-31) Annual escalation: (%) Escalation month:					
* <u>If not indefinitely:</u> (number of deductions) dd/mm/ 20 (Final date)					
* If weekly: MON / TUE / WED / THU / FRI / SAT					
I / We, the above mentioned and undersigned, hereby authorise StratCol to collect by debit order from the above mentioned bank account, all amounts due in terms hereof and to pay same to the Stratcol User above.					
(I confirm that I / we are the person(s) with signature authority as registered with my / our bank).					
SIGNATURE (1):					
OFFICE USE ONLY					
Client reference number: Date captured:					

AGREEMENT

I/we hereby authorise STRATCOL to issue and deliver payment instructions to my / our banker for collection against my/our abovementioned account at my/our abovementioned bank.

The individual payment instructions so authorised to be issued, must be issued and delivered according to the abovementioned interval on the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not differ as agreed to in terms of the Agreement.

The payment instructions so authorised to be issued, must carry a number, which number must be included in the said payment instruction and if provided to me / us should enable me / us to identify the agreement on my / our bank statement. The said number should be added to this form on page 1 under client reference number, before the issuing of any payment instruction and communicated to me / us directly after having been completed by me / us. I/we agree that the first payment instruction will be issued and delivered as per collection instruction.

If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I / We agree that the payment instruction may be debited against my / our account on the following or previous business day.

MANDATE

I / we acknowledge that all payment instructions issued by the Stratcol User shall be treated by my / our abovementioned bank as if the instructions had been issued by me / us personally.

Privacy and POPIA obligations:

"Personal Information" refers to personal information about you, your spouse, your dependents, and your beneficiaries (as relevant). It includes inter alia, information about health, financial status, gender, age, contact numbers and addresses, etc.

The privacy obligations explain how our FSP collect, use, disclose, share, and otherwise process personal information, in line with the Protection of Personal Information Act.

By consenting to the statement, you are giving us permission to process personal information specifically for the purpose of rendering sound and proper financial advice, and any additional information provided by you or us to the duly authorised agent for purposes of:

- Financial needs analysis;
- Quotation and application purposes;
- Obtaining information from the financial services exchange (Astute) or any other financial institution;
- For administration purposes within the FSP and its associated group of companies (if applicable); and/or
- Upselling and /or cross selling; and/or
- Special Offerings.

CANCELLATION

Premiums are payable monthly in advance by the member to the scheme in the month for the month. If any premium is not paid continuously and timeously or within the grace period, liability in terms of the policy regarding the Main Member lapses.

If the monthly premium (which was payable in advance) was not paid to the insurer/administrator upon a request or a submission of a debit order against the insured's bank account has been unsuccessful, at the next request for payment, the insurer/administrator would submit two debit orders, the unpaid one as well as the one for the new month. If only one was paid, the payment would be used to settle the original outstanding premium.

If on the submission of two debit orders, the premium for two consecutive months have not been paid, the policy will be cancelled with retrospective effect.

If the debit order for the monthly premium is returned due to "dispute" and the refusal to pay premium emanates from the insured, the insurer/administrator is entitled to regard the instruction as an immediate cancellation. There will be no duty on the insurer/administrator to make a second attempt to collect.

I / we also understand that I / we cannot reclaim amounts, which have been withdrawn from my / our account (paid) in terms of this authority and mandate if such amounts were legally owing to the Stratcol User.

ASSIGNMENT

I / we acknowledge that the	nis authority may be ceded o	r assigned to a third pa	rty if the Agreement is also cedeo	d or assigned to that
third party.				_
SIGNED AT	ON THIS	DAY OF	20	
SIGNATURE(S) AS USED FO	OR OPERATING ON THE ACCO	UNT		
CEL VAN DIE TWA CO				_

