LIONLIFE ASSURANCE

Policy number:

DEBIT ORDER MANDATE

I, the undersigned, request LION OF AFRICA LIFE ASSURANCE COMPANY LIMITED to arrange with my bank to collect the payments due on the plan (as they may be amended from time to time) from my bank account (wherever it may be) by debit order.

DETAILS OF ACCOUNT HOLDER /PAYER

Note: complete A and B if the payer is not the same person as the applicant for the policy. C must always be completed.

A. NATURAL PERSON

Full Names and Surname: _____

Title: _____ Gender: **M** / **F** Type of identification: **ID** / **Passport**

Identification number: _____ Date of birth: _____/_____/_____

B. CONTACT DETAILS

Postal Address (start each line on the left)

_____

_____ Postal Code: _____

Contact Numbers: (c)_____ (h)_____ (w)_____

C. BANK DETAILS

Bank Name: _____{_____ Branch Name: _____

Branch Code: _____ Account Number: _____ Type of account: _____

First deduction date: _____/_____/_____ Ongoing deduction date: _____/_____/_____ Monthly Premium: R_____

Abbreviated name as registered with the bank: **LIONOFAFRI**

Signature of Payer: _____ Date: _____/_____/_____

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned account at my / our above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows

On the _____ day ("payment day") of each and every month commencing on _____. In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

MANDATE

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

CANCELLATION

I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

ASSIGNMENT

I / We acknowledge that this Authority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____ 20_____