



Uviwe Funeral Services  
D 181 Mango Street, Khayelitsha, 7784  
Tel: 021 364 7572  
Mobile: 079 679 2519  
Email: info@uviwefuneralservices.co.za



## Debit Order Mandate

Account Holder Name and Surname : \_\_\_\_\_

Cell No : \_\_\_\_\_ Relationship to Member : \_\_\_\_\_

We hereby authorise Ingwe Life to issue and deliver payment instructions to your Banker for collection against my account as per application form ( 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 agreed to in the Agreement and commencing on agreed date and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above. The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly, as agreed on the \_\_\_\_\_ day of every month .

I/ we understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my bank statement and the reference Ingwe Life Insurance will be displayed on my bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement.

### A. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by me/our above-mentioned Bank as if the instructions have been issued by me/us personally,

### B. 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 I/We shall not be entitled to any refund or amounts of which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

### C. Assignment

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Full Name & Surname



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## Debit Order Instruction Form

Debit order details : Pol No : \_\_\_\_\_ First deduction date : \_\_\_\_ / \_\_\_\_ /20\_\_\_\_

Account holder full names and surname : \_\_\_\_\_

ID No of Acc Holder : \_\_\_\_\_ Contact No : \_\_\_\_\_

Relationship to Member : \_\_\_\_\_ Total Premium : R \_\_\_\_\_

Name of Bank : \_\_\_\_\_ Branch name : \_\_\_\_\_

Account No : \_\_\_\_\_ Branch code : \_\_\_\_\_

Type of Account : Cheque  Savings  Transmission

Deduction Date : 

1 <sup>st</sup>		7 <sup>th</sup>		10 <sup>th</sup>		15 <sup>th</sup>		20 <sup>th</sup>		25 <sup>th</sup>	
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**NB : It is the account holder's responsibility to inform Ingwe Life if bank account details have changed OR if deduction date for specific month must be amended.**

I hereby grant Ingwe Life permission to debit my bank account with the monthly premiums on the nominated date (current or arrears), including amendments that may be made in terms or the contract and during the life of the contract. To avoid bank charges and possible cancellation of this policy, please ensure that there are sufficient funds in your bank account on the date of the deduction.

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

\_\_\_\_\_  
Signature