



ELECTRONIC DEBIT MANDATE

AUTHORITY AND MANDATE IN RESPECT OF ALL ELECTRONIC DEBITS

Name of Debt Counsellor / NCRDC no:

Debt Masters (Pty) Ltd / NCRDC3409

Name of Account Holder:

Identity Number:

*Compulsory

**Applicant Number
as per software program
(Contract Number):**

*Compulsory

Bank:

Account Number:

Branch and Code:

Type of Account:

Maximum Tracking days: 10

Instalment Frequency:

Transaction Processing Fee:

R _____

Instalment Amount:

R _____

Total Amount for Debt Review:

R _____

First Debit Date: _____ thereafter every _____ of the month,
except for payment instructions due in December which may be debited against my account
on the _____ (If applicable).

In the event that the payment day falls on a Saturday, Sunday or recognised South African public holiday, the payment will automatically be the following ordinary business day.

Please note that no other reference than the ID number will be accepted and funds will remain unallocated. DC Partner will take no responsibility should this procedure not be followed.

This signed Authority and Electronic Debit Mandate refers to the Form 16

- 1.** I/We hereby authorise you to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned 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.
- 2.** I/We shall not be entitled to any refund of amounts which was withdrawn while this authority was in force, if such amounts were legally owing to you.
- 3.** 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.
- 4.** I/We agree that although this Authority and Electronic Debit Mandate may be cancelled by me/us. Such cancellation will not cancel my Agreement. Notice of cancellation of this mandate must be done in writing 21 days prior to next deduction.
- 5.** 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, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.
- 6.** The Consumer hereby authorises DC Partner (the Payment Distribution Agent) to process the Transaction Processing Fee levied by Rand Merchant Bank (The Payment Distribution Agent's appointed collection agent), and the Payment Obligation due to the Payment Distribution Agent as a single payment instruction and to deliver the payment instruction for collection at the Consumer's bank.

Important information

- 1.** A confirmation letter from the bank confirming the account details or bank statement not older than 3 months to be provided.
- 2.** The reference which will appear on the client's statement will be DEBTREVIEW

3. All signed debit order forms must be submitted to DC Partner via email (mandates@dcpartner.co.za) within 10 working days after loading.
4. I agree to pay any bank charges relating to this debit order instruction
5. I understand that my monthly payment may increase annually, by N/A, as per my contract with the Debt Counsellor.
6. Electronic debits will be deducted as per selection above in terms of to date, amount, type of debit and deduction intervals

Signed at _____ on this _____ day of _____ 20____ .

Signature of account holder