



DIRECT DEBIT AUTHORITY_BANCASSURANCE

Date: _____ From (Name of Debtor/Customer): _____

Telephone: _____ Email: _____

To: The Operations Manager
Equity Bank Uganda
Plot 34, Janani Luwum Church House, Kampala Road
P.O. Box 10184, Kampala-Uganda

Dear Sir/ Madam,

POLICY NUMBER: _____

The details of my/ our bank accounts are as follows:

BANK NAME: EQUITY BANK UGANDA BRANCH (NAME & TOWN): _____

ACCOUNT- NUMBER: [Grid of 12 boxes]

(All boxes must be filled)

ACCOUNT NAME: _____

ACCOUNT TYPE: CURRENT / SAVINGS (Tick appropriately)

I/We hereby request, instruct and authorize you to draw against my/our account in the above mentioned bank or any branch to which I/We may transfer my/our account the sum of UGX _____ the amount in words _____ necessary for payment of the monthly / quarterly / annual / bi-annual (Tick appropriately) premium due in respect of the above mentioned insurance policy held with Prudential Assurance Uganda Limited commencing on ____/____/____ and ending on ____/____/____. All such withdrawals from my/our account by you shall be treated as though they have been signed by me/us personally.

I/We understand that the withdrawals hereby authorized will be processed by Direct debit transfer, and I/We also understand that the details of each withdrawal will be printed on my/our bank statement and or accompanying voucher. I/We agree to pay any bank charges relating to this Direct debit authority (this "Authority"), including any charges amounting to UGX5,000 resulting from there being insufficient funds on my/our account.

This Authority may be cancelled by me/us by giving you thirty days' notice in writing, sent by post to your address indicated above, or delivered to the offices of the above-mentioned Company and stamped as received, but I/We understand that I/We shall not be entitled to any refund of amounts which you have already withdrawn while this Authority was in force. In addition, I/We consent to Prudential Assurance Uganda Limited discontinuing this mandate in the event of insufficient onboarding information (KYC); should the insurance policy lapse beyond reinstatement; upon payment of a claim at maturity or as a result of policy surrender in accordance with the policy terms and conditions.

Receipt of this Authority by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

I/We understand that if any Direct debit Transfer is paid which breaks the terms of this Authority, you will make a refund upon application. In the meantime, I/We are also aware Prudential Assurance Uganda Limited will not be liable for any claims arising until and unless all premiums have been received as expected.

Signed this _____ of _____ day of 20 _____

Signature as used for signing cheques

For Bank use only: Confirm Bank Details & Signature: _____ Approved By: _____ Date Stamp: _____