



DIRECT DEBIT AUTHORITY

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

To: The Manager
Guaranty Trust Bank
Plot 56, Kira Road
P.O. Box 7323, Kampala-Uganda

Dear Sir/ Madam,

POLICY NUMBER: _____

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

BANK NAME: **GUARANTY TRUST BANK** BRANCH (NAME & TOWN): _____

ACCOUNT- NUMBER:

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(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 a onetime setup fee amounting to UGX11,500 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as received, but I/We understand that I/We shall not be entitled to any refund of amounts which you have already withdrawn while this Authority was in force.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: _____
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July_2024