

Section C - Electronic Debit Mandate Authority and Mandate in Respect of All Electronic Debits

Account Holder Details :	
Full Name & Surname:	
Identity Number:	
Telephone no: (Cell phone)	
Email:	
Applicant Number as per software program(Contract Number):	

Account details:			
Name of Bank:		Type Of Account	
Account Number:		Bank Code:	

Deduction Instruction						
Instalment Frequency:		First debit date		, thereafter every		of the month.
Instalment Amount:		per month, with a maximum monthly collection amount of				
Transaction Processing Fee:	R		Total Amount for Debt Review:			

Tracking may be used for the collection, up to the maximum of 10 days.

In the event that the payment day falls on a Saturday, Sunday or recognised South African public holiday, the debit date will automatically be the last business day before that.

Collection date may be adjusted:

Yes	No
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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**.

- I/We hereby authorise you to issue and deliver payment instructions to your banker for collection against my/our above mentioned 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.
- I/We shall not be entitled to any refund of amounts which was withdrawn while this authority was in force, if such amounts were legally owing to you.
- I/We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally.
- 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.
- 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.
- 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

- A confirmation letter from the bank confirming the account details or bank statement not older than 3 months to be provided.
- The reference which will appear on the client's statement will be DEBT REVIEW.
- All signed debit order forms must be submitted to DC Partner via email (mandates@dcpartner.co.za) within 10 working days after loading.
- I agree to pay any bank charges relating to this debit order instruction.
- I understand that my monthly payment may increase annually, by N/A, as per my contract with the Debt Counsellor.
- Electronic debits will be deducted as per selection above to date, amount, type of debit and deduction intervals.

Signed at		on this		day of		20	
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Signature (For and on behalf of Account Holder)	Assisted by capacity (if applicable)

Client Mandate Authority

I, _____	ID number _____
Spouse (if applicable) _____	ID number _____

hereby appoint and mandate FinSafe (Pty) Ltd (FinSafe) to act on my behalf with regards to all insurance and related administration matters in respect of my existing and new credit protection covers.

Finsafe is an authorised Financial Services Provider (FSP), Registration Number FSP 49261.

	Category Description	Advice	Intermediary Service
Finsafe holds the following licences under the FAIS (Financial Advisory and Intermediary Services) Act:	CATEGORY I		
	Long-Term Insurance subcategory A	✓	✓
	Short-Term Insurance Personal Lines	✓	✓
	Long-Term Insurance subcategory B1	✓	✓
	Long-Term Insurance subcategory B2	✓	✓
	Long-Term Insurance subcategory B2-A	✓	✓
	Long-Term Insurance subcategory B1-A	✓	✓
	Short-Term Insurance Personal Lines A1	✓	✓

Finsafe also holds sufficient Professional Indemnity Cover, Public Liability Insurance and Fidelity Insurance.

I confirm that Finsafe shall be acting on my behalf and in my interest.

The Policy recommended by Finsafe is the **ELECTIVE CREDITGUARD OR CREDITGUARD CREDIT LIFE & INFUSION FUNERAL PLAN**. As I am over-indebted and need more affordable insurance, I hereby request that all existing credit insurance held by me be cancelled, where Finsafe's premium is affordable and/or where they provide more comprehensive cover and benefits, and that such existing credit insurance be replaced with an appropriate policy recommended by Finsafe.

I confirm my understanding that:

- The Policy recommended by Finsafe is the **ELECTIVE CREDITGUARD (ECG) OR CREDITGUARD (CG) CREDIT LIFE & INFUSION FUNERAL PLAN**, underwritten by Lion of Africa, and who's Compliance Officer can be contacted at 021 461 5481. The underwriting managers of the policy is Infussion Financial Services (Pty) Ltd.
- The Death Benefit, Permanent Disability and Critical Illness Benefit pays the full outstanding balance up to R800 000 under the CG policy or up to R1 000 000 under the ECG policy.
- Accidental Death Benefit - pays out an additional lump sum benefit to your beneficiary upon your accidental death.
- Temporary Disability and Retrenchment (or loss of income for self-employed persons) Benefit – pays out up to 12 months installments.
- Maternity Benefit - pays out 3 months instalments.
- Identity theft Benefit - pays out a lump sum benefit up to R10,000.00 for identity fraud.
- The premiums are fixed for a period of 5 years, at which point the policy will cease. Finsafe may then contact me to offer an extension of the policy based on my needs at that time.

- Pre-existing medical conditions are excluded from the Death, Temporary Disability, Permanent Disability and Critical Illness Benefit, unless I am replacing an existing credit life policy, in which case there is no waiting period.
- I may not claim for the Retrenchment/loss of income (for Self-employed persons) Benefit if I voluntarily choose to be retrenched or the early termination of a part time, fixed term contract or temporary work contract. Other exclusions are fully explained in the policy documentation.
- There is a 3-month waiting period for the Maternity Benefit and pre-existing pregnancy will be excluded. This means that should the Assured Life be pregnant at the Commencement Date of this Policy; no Maternity Benefit shall be payable for that pregnancy.
- There is a 3-month waiting period for the Retrenchment Benefit, unless I am replacing an existing policy, in which case there is no waiting period.
- General exclusions for Death and Permanent Disability include claims as a result of suicide, military activity, criminal activity etc. as fully described in the Policy Document.

Finsafe will be administering my policy and any Insurance related queries can be directed to -

Business address: 109 Pretorius Street, Mokopane, 0601

Telephone number: 086 100 0521

Email: info@finsafe.net

Complaints relating to any advice given to me by FinSafe may be sent to: complaints@finsafe.net

Sirius Lex Compliance is responsible for the monitoring of compliance functions at Finsafe. Compliance Officer: Mrs. GM Beukes at Sirius Lex Compliance

Telephone Number: 010 822 2680

Comply It Solutions (Pty) Ltd is responsible for monitoring the compliance functions of Infussion Financial Services (Pty) Ltd.

The Compliance Officer is Lida Muuren-Rozyn.

Address: PO Box 1221, Die Boord, Stellenbosch, 7613

Tel no: 012 942 6050

I know and understand that I have a 31-day cooling-off period during which I can cancel this policy, understanding that I cannot cancel any credit insurance that was part of my original credit agreement with any Creditor.

Signed at _____	on this _____	day of _____	20	
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Applicant Signature

Spouse Signature