Name of Debt Counsellor:	L A du Plessis
DC Reg. no:	NCRDC4273

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

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 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.
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 I/We shall not be entitled to any refund of amounts which was withdrawn while this authority was in force, if such amounts were legally owing to you.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 above mentioned 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 DEBT REVIEW.
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 to date, amount, type of debit and deduction intervals.

Signed at		on this		day of		20	

Signature (For and on behalf of Account Holder)	Assisted by capacity (if applicable)