

DEBIT ORDER INSTRUCTION

FROM:

ADDRESS:

TO: PULA MEDICAL AID FUND
P. O. BOX 1212
GABORONE

Dear Sirs

The details of my bank account are as follows:

BANK:

BRANCH NAME:

BRANCH NUMBER:

ACCOUNT NUMBER:

TYPE OF ACCOUNT: CURRENT/SAVINGS (Delete where not applicable)

I hereby authorise you to draw against my account with the above mentioned bank (or any other branch or bank to which I may transfer my account), the sum of P..... being the monthly contribution due on the day of each month commencing on All such withdrawals from my account by you shall be treated as though they have been signed by the authorised account holder.

I agree to pay any bank charges relating to this debit order instruction. In the event that the debit order is unpaid for whatsoever reason, I agree to reimburse Pula Medical Aid Fund charges levied by the bank.

This authority may be cancelled by giving you one month notice by writing. I shall not be entitled to any refund of amounts which you have already withdrawn while this authority was in force if such amounts were legally owing to you.

Signed at on this day of20.....

Authorised Signatory:

Membership number: