

**DIRECT DEBIT AUTHORIZATION FORM**

000001

Originator's Identification Number

**C 9 0 3 2 1 7****Personal Information**

Surname

First name

Other name(s)

Postal Address

Email Address

Mobile Number

Employer

Nature of Business  
(if self employed)**Payment Details** New Amend Cancel

Product

 DIMA AHONYA HORIZON FUND PENSIONS (TIER 1)  PENSIONS (TIER 2)  SHARES

Account No.

Tenure

 91 days 182 days 1 year

Amount

Amount  
(in words)**Frequency of Deductions** Monthly Quarterly

Others

Date of first deduction

**Day of Deductions**

End Date

 Until further notice**Instruction to Bank**

Name of Bank

Account Branch

Account Type

 Current Savings Others

Account Name

Account No.

Sort code

Branch Code

**DECLARATION**

"I / We, the undersigned hereby authorize my / our Bank, to deduct my / our contributions for the benefit of NTHC as indicated above subject to the terms and conditions provided below. I / We hereby indemnify NTHC against any claim or liability that may arise BUT NOT limited to the provision of wrong bank details or any other error in instructions from me / us in respect of which NTHC acts in implementing my / our Direct Debit authorization.

**TERMS & CONDITIONS**

\* The Bank Customer hereby agrees to keep the account on which the Direct Debit scheme applies adequately funded at all times during the tenor of the scheme to cover the amount to be deducted as well as charges for each transaction.

\* The originator hereby agrees to implement the mandate to the letter and any errors thereof will result in the full and immediate refund to the customer's account held with the originator.

\* You can cancel this mandate at any time by writing to NTHC within 10 days in advance of your account being debited.

\* NTHC has agreed to advance notice of the amount to be debited at least 10 days before the date of first debit. The notice will be provided by electronic means by email and SMS where the contributor has provided them.

\* Charges may apply.

Client Signature(s)

Date

**For Official use only**

Narration

Date

Reviewed by

Signature