



DIRECT DEBIT AUTHORIZATION FORM

SUBSCRIBER DETAIL:

ORIGINATOR IDENTIFICATION NUMBER: 5055311

FUND TYPE: UNIT TRUST  REIT  EQUITY  F-PLAN

CLIENT NAME: \_\_\_\_\_

ACCOUNT CODE:

MOBILE NUMBER:

EMAIL ADDRESS: \_\_\_\_\_

DIRECT DEBIT INSTRUCTIONS

AMOUNT (GHS) : \_\_\_\_\_

AMOUNT IN WORDS: \_\_\_\_\_

DATE OF FIRST DEDUCTION:

SUBSEQUENT DEDUCTION: MONTHLY  QUARTERLY  YEARLY

DAY OF LAST DEDUCTION: until further notice in writing  OR until ...../...../20.....

I WOULD LIKE TO INCREASE MY DIRECT DEBIT: YEARLY  EVERY TWO (2) YEARS

INCREASE AMOUNT BY: 50.00  100.00  200.00  500.00  OTHER: GHS

CLIENT'S BANK ACCOUNT DETAILS

NAME OF BANK: \_\_\_\_\_

BRANCH WHERE ACCOUNT IS HELD: \_\_\_\_\_ SORT CODE:

TYPE OF ACCOUNT: CURRENT:  SAVINGS:  OTHER:

BANK ACCOUNT NAME: \_\_\_\_\_

BANK ACCOUNT NO:

I/WE, THE UNDERSIGNED AUTHORIZE THE BANK TO DEDUCT MY/OUR MONTHLY PAYMENTS FOR OUR REPUBLIC INVESTMENTS ACCOUNT AS SUBJECTED TO THE TERMS AND CONDITIONS PROVIDED BELOW. REPUBLIC INVESTMENTS IS HEREBY INDEMNIFIED AGAINST CLAIM OR LIABILITY THAT MAY ARISE BUT NOT LIMITED TO MY/OUR PROVIDING THE WRONG BANK DETAILS, REPUBLIC INVESTMENTS ACCOUNT CODE, OR ANY OTHER ERROR IN MY/OUR INSTRUCTION IN RESPECT OF WHICH REPUBLIC INVESTMENTS ACTS IN IMPLEMENTING MY/OUR DIRECT DEBIT AUTHORIZATION. I/WE UNDERSTAND THAT THE WITHDRAWALS HEREBY AUTHORIZED WILL BE PROCESSED THROUGH AN AUTHOMATED CLARING HOUSE PLATFORM PROVIDED BY GHIPPS.

TERMS AND CONDITIONS

The efficiency of the Direct Debit scheme is monitored and protected by all parties involved. If an error is made by any of the parties involved, you are guaranteed a full and immediate refund to own bank account by the originator of the error. The clients can cancel this mandate at any time by writing to Republic Investments within 20 working days in advance of your account being debited. Republic Investments has agreed to advance notice of at least 10 working days before the date of the first debit by e-mail and SMS where the customer has provided them. This service attracts no transaction on fee. All changes to investment payment amount, account details and payment date will have to be communicated 10 working days in advance.

CLIENT SIGNATURE(S): \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_