

**Multilect Administrators (Pty) Ltd**

FSP Number: 45364

4<sup>th</sup> Floor, Rosebank Corner

191 Jan Smuts Avenue, Parktown North, 2196

PO Box 3029, Saxonwold, 2132

Tel: 27 11 274 6160

Email: admin@multilect.co.za

**MULTILECT RETIREMENT ANNUITY FUND**

(Administered by Multilect Administrators (Pty) Ltd)

SARS Approval Number: 18/20/4/42288

FSCA Number: 12/8/28077

**DEBIT ORDER AUTHORISATION**

<b>POLICYHOLDER DETAILS</b>		
Policy number:	Policy holder surname and initials:	
Present residential address:	Postal address:	
<b><i>(Please supply proof of address)</i></b>		
Telephone numbers (Home):	(Work):	
(Cell):	(Fax):	
Email address:		
<b>PAYER DETAILS</b>		
Title:	First names:	Surname:
Or company name:		
Name of Bank:	Name of branch:	
Account Number:	Branch code:	
Account type (current/savings/transmission):		
Name of accountholder:		
<b><i>(Please attach proof of banking details, not older than 3 months)</i></b>		
Amount to be deducted: R	Deduction date: 1 <sup>st</sup> of the month	
<p>I/We the undersigned, request Multilect Administrators (Pty) Ltd. (the Company) to draw against my/our bank account (wherever it may be), the amount payable and due by me/us in respect of subscriptions and other charges at any particular time by me/us and similarly authorise my/our bank (whichever it is or will be) to debit my/our account with any debits drawn against it by the Company and to treat each one as if it had been signed by me/us personally. Please note that the said debit order will be processed on the 1<sup>st</sup> of each month. Should the 1<sup>st</sup> fall on a weekend or public holiday, the debit order will be processed on the next working day.</p> <p>I/We further understand and undertake that either I/We or the Company may at any time cancel this arrangement in writing, but that such cancellation will have no effect on any withdrawals already made by the Company and the bank in accordance with this request.</p> <p>Should the Bank for any reason reclaim from the Company any of the amounts paid in terms of this request and decide to pay such amounts over to me/us, I/We shall consider the amounts, if due, unpaid, and undertake to refund such amounts to the Company from the sums so paid or to be paid to me/us by the Bank.</p> <p>I/We further understand and undertake that the Company will receive all payments in terms of this request without prejudice to its rights and I/we shall regard the receipt of this request by the Company as receipt by my/our Bank.</p>		
Signed at	on this	day of 20
Print	Signature:	
Name:		

