



Tradesure Commercial Specialists (PTY) Ltd
 13 Reynolds Street
 Petervale
 Gauteng, South Africa
 PO Box 3512 Rivonia, 2128
 Tel: +27 (0) 87 353 2577
 Fax: +27 (0) 86 687 3353

A. Authority

Given by (name of account holder) _____
 Address _____

Bank _____
 Branch and Code _____
 Account Number _____

Type of Account (delete that which is not applicable) Current (cheque)/Savings/Transmission
 Amount _____

Date _____

To (name of beneficiary) Tradesure Commercial Specialists (Pty) Ltd
 Abbreviated Name as Registered with the Bank Tradesure
 Beneficiary's Address 13 Reynolds Street
 Petervale
 Sandton
 2191

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement")
 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 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 and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued and delivered as follows: monthly, bi-monthly, quarterly, six-monthly, annually, weekly, bi-weekly (delete that which is not applicable)
 In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

Payment instructions due in December may be debited against my account on _____.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand the details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.



C. Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

D. Assignment

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.

Signed at _____ on this _____ day of _____.

(Signature as used for operating on the account)

(Assisted by)

E. Agreement Reference Number

This Agreement Reference number is: _____

F. Policyholder Protection Rules (PPRs)

The Financial Sector Conduct Authority published the amendments to the Policyholder Protection Rules as prescribed under Section 55 of the Short-Term Insurance Act and in that regard, we would like the Policyholder to complete the question as under-noted below:

Please may you confirm if the business/policyholder annual turnover or asset value is R2 000 000 or less:

- Yes
- No

If no, please may you confirm if the Policyholder is aware of the fees being charged.

- Yes
- No

