



MI-PLAN

Retirement Partners | Targeted Results

MI-PLAN IP Collective Investments Debit Order Instruction

From:

Name	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
Date:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

To:

Bank:

Branch Name:

Branch number:

Account number:

Type of Account: Current (cheque) Savings Savings/Transmission

I / We hereby request "instruct and" authorize you to draw against my / our account with the above mentioned bank (or any other bank or branch to which I / we may transfer my / our account) the sum of R (and amount in words),

on the _____ day of each month commencing on _____ and continuing (as the case may be).

All such withdrawals from my / our bank account by you shall be treated as though they had been signed by me / us personally.

I / We understand that the withdrawals hereby authorized will be processed through a computerised system provided by the South African Banks, and I also understand that the details of each withdrawal will be printed on my bank statement or on an accompanying voucher. I / We agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by me / us by giving you thirty days notice in writing, sent by prepaid registered post. I / We understand that I / we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my / our bank (whichever it is or will be).

ASSIGNMENT:

I/We acknowledge that the party hereby authorized to effect the drawing (s) against my / our account may not cede or assign any of its rights to any third party without my / our prior written consent. I / We may not delegate any of my / our obligations in terms of this contract authority to any third party without prior written consent of the authorized party.

Signed _____ on the _____ day of _____

Signature: _____

Assisted by (where legally necessary): _____ Capacity:

Note:

A cancelled cheque or bank statement should be attached for bank identification purposes (Current Accounts only).

Offices

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