

STANDING INSTRUCTION FORM

Account Mandate	
The purpose of this mandate is to	
I.	
hereby authorize you to pay from my account described below, into	
Account number	
Amount in Figures Amount in Word	ds
Every: Month Week Quarter	Six Months Year
This mandate which commences on or when I cancel same in writing is to continue until	D D M M Y Y Y
Account Details	
Account Details	
Bank Branch	
Account Name	
Account Number — —	
Phone Number	
E-mail E-mail	
I hereby undertake to ensure that the account is always funded to cover this transaction	
Account Holders	Affix
Account Holders Signature Date Date D M M Y Y	Passport Photograph
Please do not write below this line	
Policy Details	
Policy Description	
Policy Number	
CertificateNumber	
Agent Code	
Staff Name	
Signature	
	ate D D M M Y Y Y