| MEMBER NUMBER | | | | |
|---------------|--|--|--|--|
| FIRM NUMBER | | | | |



FORM 04

| NAME OF DEBTOR: Physical Address: ID NO: Cell Number: Email Address: Dear Sirs, I confirm that the details of my/our bank account are as follows: BANK ACCOUNT HOLDER ACCOUNT NUMBER BRANCH NAME TYPE OF ACCOUNT SAVINGS ACCOUNT TRANSMISSION ACCOUNT CHEQUE ACCOUNT For identification purposes and proof of the above information ONE of the following documents MUST be attached: a cancelled cheque; OR Copy of a bank statement; OR A letter from the bank. NB: In the case of the Bank Account Name being different from your own, you must supply us with either: 1. Power of Attorney from the account holder; or 2. Proof of joint account; or 3. Where the account is in an entity's name, authorization on the entity's letterhead signed by an official of the entity e.g., in the case of a company, by a duly authorised director thereof. Please indicate with an X which date we must use for |
|--|
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| Please indicate with an X which date we must use for 25 th day of each month |
| deductions: |
| I hereby authorize you to draw against my account with the abovementioned bank (or any other bank or branch to which I matransfer my account) the sum of the amount necessary for payment of the monthly premium in respect of my TCS Housing Finance - Pension-Backed Housing Loan on the <i>above selected day of each and every month commencing of</i> |
| I understand that the withdrawals hereby authorized will be processed by computer through a system provided by the Sout African Banks, and I also understand that details of each withdrawal will be printed on my bank statement or on a accompanying voucher. This authority may be cancelled by me giving you thirty days' notice in writing, set by prepaid registere post, but I understand that I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to TCS Housing Finance - Pension-Backed Housing Loan. Receipt of this instruction by you shall be regarded as receipt thereof by my bank (whichever it is or will be). |
| ASSIGNMENT: I acknowledge that the party hereby authorized to effect the drawing against my account may not cede or assign any of its right to any third party without my prior consent and that I may not delegate any of my obligations in terms of this authority to are third party without prior written consent of the authorized party. |
| Signed at on this day of 20 |
| ASSISTED BY: SIGNATURE (Where legally necessary) |