



InterTelAccess, a Division of: Technology Access Group (Pty) Ltd * Reg. No.: 2007/031367/07 * Tel: +27 11 749 1600 * Fax: +27 86 561 2001

DEBIT ORDER AUTHORITY AND MANDATE

(Document SA007 / Revision 0 / Date 23/01/18)

| | | | |
|--|--|---------------|---------------|
| Account was opened in which name: (Please tick) | | Personal Name | Business Name |
| Name: (Subscriber) | | Date: | |
| Acc No.: (Office use only) | | | |

BANKING DETAILS FOR MONTHLY DEBIT ORDER

(compulsory for all Subscribers)

| AUTHORITY GIVEN BY | | | |
|------------------------|--|-------------------|------------|
| Account Holder's Name: | | Name of Bank: | |
| Account No.: | | Branch Code: | |
| Type of Account: | | Branch Name: | |
| Date: | Debit Orders are deducted on the last Thursday of every month. | | |
| AUTHORITY GIVEN TO | | | |
| Account Holder's Name: | Technology Access Group | Abbreviated Name: | INTERTELCO |

This signed Authority and Mandate refers to our contract / Subscriber Agreement.

I/We hereby authorize 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 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 one calendar's month notice in writing.

The individual payment instructions so authorised to be issued must be issued and delivered monthly (on the last Thursday of every month)

In the event that the payment day falls on a recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my bank statement. Such should enable me to identify the;

A. 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.

B. 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 I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

C. 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.

DATE

ACCOUNT HOLDER SIGNATURE