



WOOLWORTHS GROUP RETIREMENT FUND

MAKING THE DIFFERENCE TO YOUR RETIREMENT

DEBIT ORDER INSTRUCTION

MEMBER'S DETAILS

Surname																														
First Name/s																														
Address																														
																									Postal Code					
Tel No.	0																													

I hereby instruct and authorise you to draw against my account with the following bank (or any other bank or branch to which I may transfer my account), the amount necessary for payment of the monthly contributions due in respect of medical aid deductions and such amounts as may be due to other third-party vendors, on the first day following the Woolworths Group Retirement Fund's payday each and every month continuing until instruction is cancelled by me in writing.

All such withdrawals from my bank account by you shall be treated as though I had signed them personally. I acknowledge that the amount of the monthly contribution may vary from time to time, as advised in writing by my medical aid society and/or the third-party vendor.

MEMBER'S BANK DETAILS FOR DEBIT ORDER

Bank																														
Account No.																Branch Code														
Branch Address																														
																									Postal Code					
Account Type (please tick)	Current/Cheque	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Transmission	<input type="checkbox"/>																								

I understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African banks and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. This authority may be cancelled by me by giving thirty days' notice in writing, sent by prepaid registered post, but I understand that I shall not be entitled to any refund of amounts which have been withdrawn prior to termination of this instruction. I indemnify and hold Alexander Forbes Group (Pty) Ltd harmless for any loss or damage that may be occasioned by negligence or fraud of my bank, and am aware that by this indemnity I do not sacrifice such rights as I may have against my bank directly.

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

NOTE: A cancelled cheque should be attached for bank identification purposes (Current accounts only)

Signed																Date	D	D	M	M	Y	Y	Y	Y						
Assisted by (where legally necessary)																														
Capacity																														