SPECTRUM
Since 1976

Debit order authority Form

Name of account Holder	H. Gouws Renders
Address of account Holder	Unit 10 - The Network, 19 Cactus road, Fairview, Port Elizabeth
Account number	1212774191
Bank name	Nedbank
Branch	
Branch Code	198765
Type of account	Cheque
Initial Amount to be debited *	R446.45
Frequency of debit	Monthly
Debit date	01
Policy holder	SPECTRUM

Authority

☑ I hereby authorise JUSTVEST ONE (PTY) LTD t/a Spectrum Asset Protection and/or its authorised agents and/or cessionary to draw against my account detailed above (or any other Bank to which I may transfer my account) the amount necessary for payment of the amount payable by myself in terms of the Agreement. I acknowledge that a third party may facilitate the payment process and debit my account on behalf of JUSTVEST ONE (PTY) LTD t/a Spectrum Asset Protection, 11 St Patricks road, Richmond Hill, Port Elizabeth 6001. I confirm that the amount debited from my account may be paid to an insurer/s (by the beneficiary) for insurance cover. The bank account reference will be "SPECTRUM" which may only be changed with 30 days written notice.

☑ I acknowledge that all payment instructions issued by JUSTVEST ONE (PTY) LTD t/a Spectrum Asset Protection and/or its authorised agents and/or cessionary shall be treated by my above-mentioned Bank as if the instruction has been issued by me.

☑ I agree that the first payment instruction will be issued and delivered on or around the Payment Date and regularly thereafter, until the termination date, and according to the Agreement. Each individual payment instruction may not differ other than as agreed to in terms of the Agreement. In the event that the payment day falls on a weekend, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

☑ I acknowledge and consent that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party and I am notified accordingly.

Mandate

This signed mandate and authority relates to the insurance contract (referred to as "the Agreement") signed by me with the client customer account code SPC01.

This mandate shall remain in force until cancelled by giving 30 (thirty) days' notice in writing to JUSTVEST ONE (PTY) LTD t/a Spectrum Asset Protection and/or its authorised agents and/or cessionary. Cancellation of this mandate does not cancel the Agreement.

* This amount will fluctuate from month to month in accordance with agreed fees and rates as detailed in the Agreement but shall not exceed the totality of obligations as detailed in the Agreement

Authorised account signatory 1: Hannes Gouws — Signature: 

Authorised account signatory 2: — Signature:

Signed at: 19 Cactus Road,Fairview,Port Elizabeth — Date: 12/01/2022