

DEBIT ORDER AUTHORITY AND MANDATE

A. Authority

1. Authority details:

Authority given by (account holder's name):	
Physical address ("domicilium"):	
Email address:	
Telephone number:	
Bank details: <i>(Proof of bank details to be attached – cancelled cheque OR bank statement not older than 3 months, OR account confirmation letter bearing the bank's original stamp)</i>	<u>Bank:</u> <u>Account number:</u> <u>Branch:</u> <u>Branch code:</u> <u>Type of account*: current (cheque) / savings</u> <i>(*delete that whichever is not applicable)</i>
Payment Day:	1 st day of each and every month
Commencement Date:	
Authority given to:	Evergreen Health (Pty) Ltd (hereinafter referred to as " the Beneficiary ")
Beneficiary Abbreviated Name: <i>(As it appears on accountholder's bank statement to identify this debit order)</i>	EVG Health
Beneficiary <i>domicilium</i> :	Amdec House, Silverwood Close, Steenberg Office Park, Tokai, 7945 Email: legaldept@evergreenlifestyle.co.za

2. I/We, the undersigned, hereby authorise the Beneficiary to issue and deliver payment instructions to its bankers for collection against my/our account and at my/our bank (or any other bank or branch to which I/we may transfer my/our account) as detailed in 1 above and shall continue until this Debit Order Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 1 (one) calendar month and delivered by hand and/or per email to the Beneficiary's address and/or email address stated in 1 above.

3. The individual payment instructions authorised by me/us in terms of this Debit Order Authority and Mandate must be issued and delivered as follows:

3.1. monthly and the amount of each individual payment instruction may not be more or less than the payment obligation to be met in that particular month;

- 3.2. on my/our Payment Day as indicated in 1 above, commencing on the Commencement Date referred to in 1 above. In the event that the Payment Day falls on a Sunday or recognised South African public holiday, the Payment Day will automatically be the following business day;
- 3.3. in the event that there are insufficient funds in my/our nominated account to meet my/our aforesaid payment obligations, the Beneficiary is entitled to track my/our account and again present the instruction for payment as soon as sufficient funds are available in my/our account;
4. I/We acknowledge that I/we understand that:
- 4.1. the withdrawals from my/our account hereby authorised will be processed through a computerised system used by the South African banks and I/we also understand that details of each withdrawal will be printed on my bank statement; and
- 4.2. such entry on my bank statement must contain a reference number, which must be included in the said payment instruction and if provided to the Beneficiary should enable the Beneficiary to identify the payment.
- 4.3. I/We shall not be entitled to any refund of amounts which the Beneficiary has withdrawn from my/our account while this Debit Order Authority and Mandate was in force, if such amounts were legally owing to the Beneficiary.

B. Mandate

I/We acknowledge that all payment instructions issued by or on behalf of the Beneficiary under this Debit Order Authority and Mandate shall be treated by my/our bank as if the instruction had been issued by me/us personally.

C. Cancellation

I/We agree that although this Debit Order Authority and Mandate may be cancelled by me/us, such cancellation will not cancel my/our liability and I/we shall remain liable irrespective of whether this Debit Authority and Mandate may have been cancelled. I/We shall not be entitled to any refund of amounts which the Beneficiary has withdrawn from my/our aforementioned account while this Debit Order Authority and Mandate was in force, if such amounts were legally owing to the Beneficiary.

D. Assignment

I/We acknowledge that this Debit Order Authority and Mandate may be ceded or assigned by the Beneficiary to a third party but this Debit Order Authority and Mandate cannot be ceded or assigned to any third party by me/us.

SIGNED AT _____ ON _____

SIGNATURE OF ACCOUNT HOLDER(S): _____