

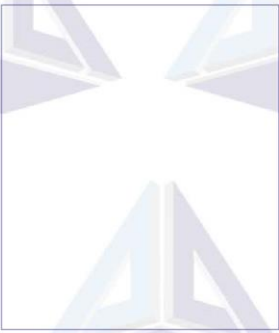


RC 2176

**AFRICAN ALLIANCE**  
INSURANCE PLC  
*With you for life*

The Manager

(Customer's Bank & Address)



**DIRECT DEBIT MANDATE**

Kindly accept this as an authority to honour Debit notes (Direct Instruments from First City Monument Bank Plc).

Kindly debit the sum of ₦

Amount in words: \_\_\_\_\_

and transfer value to **FCMB Bank Plc** as detailed below.

Beneficiary: **AFRICAN ALLIANCE INSURANCE PLC**

First Name:  Last name:

Gender: **Male**  **Female**  (pls tick) Mobile No.:

Office Telephone No.:

Policy Holder's Address: \_\_\_\_\_

Town:  State:

Email Address:

Alternate E-mail Address:

\*Policy Type: **Individual**  **Corporate**  (pls tick) Policy Number:

Bank Branch:

Account Holder's Name:

Account Number:  Frequency of Payment: **Weekly**  **Monthly**  **Quarterly**

Bi-Annual  Annually  (pls tick) Start Date:  End Date:

Signature: \_\_\_\_\_

NB: incorrectly filled forms will not be processed, This mandate shall remain in force until such time when counter Instructions are received.

**DECLARATION:**

I hereby request, instruct and authorize you to debit my account in accordance with any Direct Debit instruction issued and delivered to you by African Alliance Insurance Plc. The amounts are fixed and may be debited on.....day of each month

I understand that the deductions hereby authorized will be processed by electronic fund transfer and I also understand that the details of each deduction will be printed on my bank statement.

I agree that charges will apply as appropriate.

This mandate may be cancelled by me giving my bank and African Alliance Insurance Plc Twenty (20) Business days' notice in writing sent by prepaid registered post, by email or delivered to the address stated on the Mandate form.

I understand that I shall NOT be entitled to a refund which may have already been withdrawn while this Mandate was in force if such amount was legally owed African Alliance Ins. Plc.

I understand that if any Debit instruction is paid which breaches the terms of this Mandate, my bank shall not be liable to me in any manner whatsoever; my recourse shall be limited to African Alliance Ins. Plc

Policy Holder's Signature

Date:

Upon completion of form, please submit to African Alliance Insurance Plc office

"Authorised and Regulated by the National Insurance Commission (RIC-003 (L))