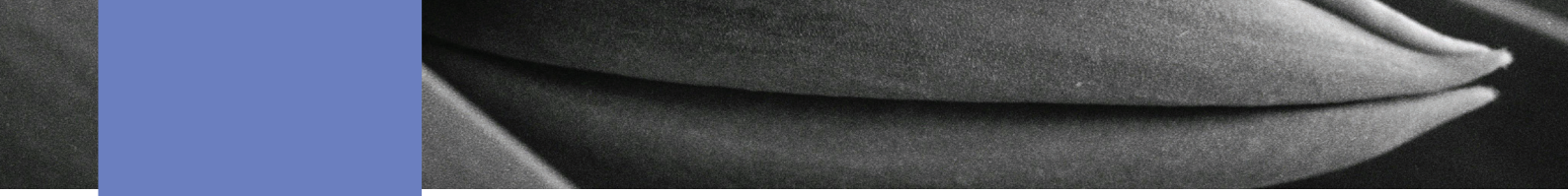

PROFMED

AUTHORITY & MANDATE FOR **DEBIT PAYMENT** INSTRUCTIONS

Written authority and mandate is not necessary if the employer pays your TOTAL membership contribution, or if you pay your contributions by EFT.

ONCE COMPLETED EMAIL THE FORM TO

contributions@ppsha.co.za

A DEBIT ORDER DETAILS

Profmed membership number | | | | | | | | | ID number | | | | | | | | | | | | | | |

Name of bank account holder

Street address Postal address

SUBURB SUBURB

CITY/TOWN Post code CITY/TOWN Post code

Name of bank Branch name Branch code | | | | | | |

Account number | | | | | | | | | | | | | | | | | Type of account Cheque Transmission Savings

Amount **AS PER THE MEMBERSHIP CERTIFICATE TO BE ISSUED** (This amount will differ depending on whether a late joiner penalty is applied and subject to the family structure i.e. number of dependants etc.)

Commencement date of debit order mandate **1ST DATE OF THE DATE OF COMMENCEMENT OF MEMBERSHIP**

Debit order deduction date **1ST DAY OF EACH MONTH**

Name of recipient **PROFMED** Description of name of the recipient as registered with the bank to be reflected on your bank statement **PROFMED0001**

Profmed's registered address **PROFMED PLACE, 15 ETON ROAD, PARKTOWN, 2193, JOHANNESBURG**

This signed Authority and Mandate refers to the application form dated: D D M M Y Y Y Y

I/We hereby authorise Profmed to issue and deliver payment instructions to First National Bank for collection against the above-mentioned account at the above-mentioned bank (or any other bank or branch to which I/we may transfer my/our account, of which I/we will inform Profmed accordingly) and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and submitted to Profmed at contributions@profmed.co.za.

The individual payment instructions so authorised to be issued must be issued and delivered monthly.

The payment date is the 1st day of the month. If the 1st falls on a weekend or recognised South African public holiday, the payment will take place on the first working day thereafter. Furthermore, if there are insufficient funds in my account to meet the obligation, I understand that it is my responsibility to ensure that the outstanding amount is paid to Profmed within seven days of default.

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 must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the withdrawal. This number is displayed on this form in Section D.

B MANDATE

I/We acknowledge that all payment instructions issued by Profmed shall be treated by my/our above-mentioned bank as if the instructions have been issued by me/us personally.

C CANCELLATION

I/We agree that, although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel my membership of Profmed. 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 Profmed.

D WITHDRAWAL TRANSACTION REFERENCE NUMBER

This reference number is **PROFMED0001**

Signature of account holder _____

Date | D | D | M | M | Y | Y | Y | Y |