

DIRECT DEBIT AUTHORISATION FORM

AXIS PENSION PLAN														
PERSONAL DETAILS														
SURNAME				OTHER NAMES									MOBILE NUMBER	
												DO COM A I	ADDRESS	
EMPLOYER				SSNIT NUMBER							POSTAL ADDRESS			
AXIS ACCOUNT NUMBER			EMAIL ADDRESS							_				
PAYMENT DETAILS			□NEW □ AMEND □ CANCEL											
RETIREMENT ACCOUNT SAV			INGS ACCOUNT					TRANSACTION CHARGE			ARGE	E TOTAL DEDUCTION		
GH¢	GH¢							GH¢2				GH¢		
AMOUNT IN WORDS		DATE OF FIRS'					RST DED	UCTION						
) / MM / YYYY		
											IVIIVI / I I			
					DATE-50			UENT DEDUCTIONS						
(TICK APPLICABLE) (TICK APPLICABLE) (TICK APPLIC					MONTHLY QUARTERLY					RLY	until further notice in writing			
INSTRUCTION TO CUSTOMER'S BANK														
BANK ACCO					NT BRANCH T						TYP	YPE OF ACCOUNT		
						[Current Savings Other		
SORT CODE ACCOUNT NAME					ACCO					ACC	COUN	UNT NUMBER		
DEGLADATION.														
DECLARATION I/We, the undersigned hereby authorise my/our bank, to deduct my/our contributions for the benefit of Axis Pension Trust as indicated above subject to the terms and conditions provided below. Axis Pension Trust is indemnified against any claim or liability that may arise BUT NOT limited to my/our providing the wrong bank details or any other error in my/our instruction in respect of which Axis Pension Trust acts in implementing my/our Direct Debit Authorisation. I / We understand that the withdrawals hereby authorised will be processed through an Automated Clearing House platform provided by Ghanaian Banks.														
 TERMS & CONDITIONS: The efficiency of the Direct Debit scheme is monitored and protected by all parties involved. If an error is made by any of the parties involved, you are guaranteed a full and immediate refund to own bank account by the originator of the error. You can cancel this mandate at any time by writing to Axis Pension Trust within 10 working days in advance of your account being debited. Axis Pension Trust has agreed to advance notice of the amount at least 10 days before the date of first debit. The notice will be provided by electronic means by email and SMS where the contributor has provided them. 														
												C	FFICE USE ONLY	
										v	ERIFIED BY:			
						DD / MM / YYYY						D	АТЕ:	
CLIENT SIGNATUR			DATE											