

**APPLICATION FORM FOR SBM DIRECT DEBIT
MAURITIUS NETWORK SERVICES LTD
EBENE**

TO

BANK : **SBM BANK (MAURITIUS) LTD**

BANK ACCT NO.: **SBM 61025100002654**

BRANCH: **Port Louis**

FROM

CUSTOMER NAME: _____

ADDRESS: _____

EMAIL ADD: _____

TEL NO: _____

SBM BANK ACCT NO:

CUSTOMER NO: _____

We hereby authorise you to debit our account particulars of which are provided above, with the amount presented to you by Mauritius Network Services as fromor such dates as specified by the company.

We further authorise Mauritius Network Services to claim settlement of the stated amount by debit of the above-mentioned account.

We authorise you to debit the said account with bank charges, if applicable.
It is understood that you shall not be liable for any prejudice which may be caused to us in the event of your failing to execute the present request when so called on by Mauritius Network Services for any cause or reason whatsoever.

We have read the terms and conditions found below and agree to comply with them.

TERMS AND CONDITIONS

It is being agreed as follows between concerned parties that:

- The bank ought not to advise us of such entries passed to our account.
- In the event of any dispute arising in connection with an amount payable, we shall settle the matter directly with Mauritius Network Services.
- Such payment order shall:
 - (a) be executed only if the account mentioned above has sufficient available funds.
 - (b) Be carried out only upon receipt by the Bank of the relative instructions from Mauritius Network Services advising of the amount payable.
 - (c) Remain in force until further notice, and
 - (d) Be accepted by the Bank upon verification of authorised signature(s) to the bank account.

Note: A penalty fee will be debited to that account when payment is not effected owing to lack of funds.

(1) Signature:.....

Date:.....

(2) Signature:.....

Company seal:.....