

APPLICATION FOR DIRECT DEBIT

Original (Bank) Copy

Name of Customer :

Contact Number :

Email Address :

Billing Address :

.....

MOBILE NUMBER / MAC ID		FOR OFFICE USE EMTEL REFERENCE AUTOPAY	
1	6	1	6
2	7	2	7
3	8	3	8
4	9	4	9
5	10	5	10
		Emtel's Representative Name	
		Emtel's Representative Signature	

NOTE TO EMTEL CUSTOMER

Your First Bill will consist of:

- A pro-rated amount for the current month
- Full month fee for the next month
- Usage of the current month

Obligation of the Customer

- To provide correct Bank Account
- Signature is as per Bank records
- Sufficient fund in Bank Account on Direct Debit date

PAYMENT NOTICE

Direct Debit is effected 3 working days before end of the month.
 The service is subject to terms and conditions which can be consulted on www.emtel.com
 I/We have read and understood Emtel's Privacy Policy available at www.emtel.com
 For reason(s) of unsuccessful Direct Debit, Customer to contact the related Bank directly.

Account Holder's Name :

Bank Account to be debited :

- | | |
|--|---|
| <input type="checkbox"/> The Mauritius Commercial Bank Ltd | <input type="checkbox"/> Absa |
| <input type="checkbox"/> State Bank of Mauritius Ltd | <input type="checkbox"/> Bank of Baroda |
| <input type="checkbox"/> Banque Patronus Limitée | <input type="checkbox"/> Bank One |
| <input type="checkbox"/> MauBank | <input type="checkbox"/> BCP |

Bank Account Number :

I/ We authorize the above mentioned beneficiary to claim accounts above - all sums for which I/ We have received prior invoice.

(Thank you to attach a copy of the latest invoice)

I/ We authorize you to debit the accounts of the related amount claimed.

IT IS UNDERSTOOD:

- a) I/ We undertake to notify the Bank directly of any incorrectly executed direct debit collection as and when detected;
- b) Settlement amounts are exclusive of any direct debit charges which is as the sole cost of the Emtel Customer;
- c) Emtel disclaims any liability for any disconnection or termination resulting from any delay, non-execution or cancellation of any direct debit.

This is only an application request and is subject to the approval of your Bank for confirmation prior to which payment to be effected before the last day of the month.

Signature:

Date

Important Note:

The signature on the Direct Debit Form should correspond to the signature on the bank records.