



DEBIT ORDER INSTRUCTION FORM

TFG ACCOUNT NUMBER:

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BANK ACCOUNT NUMBER
 BANK NAME
 BANK BRANCH NAME
 BANK BRANCH NUMBER

TYPE OF ACCOUNT

CHEQUE
 SAVINGS
 TRANSMISSION

NAME OF ACCOUNT HOLDER
 ID NUMBER

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I certify that the above bank details are correct and I authorize **The Foschini Group** to draw against my/our account the payment due as reflected on my monthly statement. If these banking details have not been provided accurately, or if the details change at any time in the future and I/we fail to notify such changes or if payments are not made in accordance with the Debit Order instruction, the responsibility of payment will rest with me/us.

The Foschini Group may levy interest charges on overdue accounts and I/we agree to pay any bank charges relating to this Debit Order instruction.

Please note: Interest is calculated on a daily basis on the outstanding balance of an overdue account.

The withdrawal shall take place on the..... (Day of the month) of each month (11th to 15th of the month is not allowed) commencing in the month of.....(month) 20.....(year) and continuing.

All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us. This authority may only be cancelled by me/us giving us 30 days notice in writing, but I/we shall not be entitled to any refunds of amounts which have been withdrawn while this authority was in force, if such amounts were legally owing to **The Foschini Group**.

Receipts of this instruction by you shall be regarded as receipt thereof by my/our Bank.

SIGNED AT _____ (place where form was completed) ON THE _____ DAY OF _____ (month) 20____ (year of completion)

SIGNATURE: _____ CONTACT NUMBER: _____