

DEBIT ORDER INSTRUCTION FORM

TFG ACCOUNT NUMBER:

BANK ACCOUNT NUMBER													
BANK NAME													
BANK BRANCH NAME													
BANK BRANCH NUMBER													
TYPE OF ACCOUNT	CHI	EQU	E	SA۱	/INC	ŝS	TRA	NS	MIS	sioi	N		
NAME OF ACCOUNT HOLDER													
ID NUMBER													

I certify that the above bank details are correct and I authorize **The Foschini Group** to draw against my/our account the <u>payment due</u> 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by me/us giving us 30 days notice in writing, but I/we shall not be entitled to any refunds of amounts which have been withdrawn while this authority was in force, if such amounts were legally owing to **The Foschini Group**.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:		