

AUTHORITY TO DEBIT ACCOUNT

Given by (Name of account holder)	KETUMETSE THOMAS		
Address	GABORONE		
Bank	FNB Botswana	Branch code	632005
Account Number	63107713588	Account type	Cheque
Amount	(500.00) Variable		
Date	Tuesday, 27 May 2025		
To: (name of beneficiary)	26075 T & B Industries T/A Pocketlend		
Beneficiary's address	6414 Newstance Selebi Phikwe 0		
Abbreviated name as it will appear on your bank	RETBINDUST		

This signed Authority and Mandate refers to our contract dated Tuesday, 27 May 2025 (“**the Agreement**”)

I/We hereby authorise you to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement, and commencing on 27/06/2025 and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

27. on the 27th day (“**payment day**”) of the month commencing on 27/06/2025 . In the event that the payment day falls on a Sunday or recognized public holiday, the payment day will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds in the (my) nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are
28. monthly, bi-monthly, three monthly, six monthly, annually, weekly, bi-weekly or once-off (delete which is not applicable), on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due; Payment Instructions due in December and/or April may be debited against my account on

27/06/2025

I /We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which number must be included in the said payment instruction and if provided to me should enable me to identify the Agreement.

This number must be added to this form in section E before the issuing of any payment instruction.

B. MANDATE

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally.

C. CANCELLATION

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to

D. ASSIGNMENT

I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such Assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at GABORONE on _____

Borrower Sign Here: _____ Signature as used for operating on the account

Assisted By] _____

FOR OFFICIAL USE E. AGREEMENT REFERENCE

This agreement contract number is: 6533

This agreement contract sequence is: _____