

DEBIT ORDER INSTRUCTION FORM

Authority

e-mail back to : com.resources@afrox.linde.com

FROM : Name of Customer: _____
Address: _____

TO : African Oxygen Limited Trading as "Afrox" Date: _____
23 Webber Street
Selby
2001 Johannesburg

Dear Sirs

AFROX CUSTOMER ACCOUNT NUMBER

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The details of my/our bank account are as follows:

BANK: _____

BRANCH NAME AND TOWN: _____

BRANCH
NUMBER

--	--	--	--	--	--	--	--

ACCOUNT
NUMBER

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TYPE OF ACCOUNT : **Current (Cheque)** **Savings** **Transmission** **(Tick applicable box)**

Agreement Reference number: **AFROXAREFT** followed with your **7-digit Afrox account number**

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other above-mentioned 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 Statement value for the respective month as issued by Afrox as payment for all purchases/s services/rentals/facility and other charges as referenced in the Statement.

The payment instruction is not a fixed amount and will be collected monthly, the collection date can be from the last 2 (two) days of the month to 1st (first) day of the new month
In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorized will be processed by computer through a system known as the ACB Magnetic Tape Service, and I/we also understand that the details of each withdrawal will be printed on my/our bank statement or on an accompanying voucher. Should a dispute arise touching on this agreement between the account holder and Afrox Ltd, then the account holder will be eligible to continue honoring the direct debit order notwithstanding said dispute.

I/We agree to pay any bank charges relating to this debit order instruction.
Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

Mandate

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

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 you.

This authority may be cancelled by me/us by giving you thirty (30) day's notice in writing, and that I/we must obtain confirmation of receipt from Afrox to ensure the cancellation hereof.

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.

*** Copy of bank confirmation are required for identification purposes*

Signed at on this day of in the year

Signature (as used for signing cheques)

Capacity

Assisted by (where legally necessary)

Capacity