

This form should accompany the relevant Instruction Form:

| Investor Details | | | |
|----------------------------------|--|-----------------------------------|-------------------------------------|
| Investor Name | | | |
| African Alliance Investor Number | | African Alliance Portfolio Number | New Client <input type="checkbox"/> |
| Contact Telephone | | | |
| Name of Fund | | | |

| Debit Order Instruction | |
|--|--|
| Recurring / Monthly Debit Order <input type="checkbox"/> | Once-Off Debit Order <input type="checkbox"/> |
| I/We hereby authorise African Alliance Eswatini to debit the bank account listed below with: | I/We hereby authorise African Alliance Eswatini to debit the bank account listed below as a once-off Debit with: |
| SZL Start Date of Debit Order <input type="text" value="DD"/> / <input type="text" value="MM"/> / 2 <input type="text" value="YYYY"/> On the of <input type="text" value=""/> each Month | SZL Date of Debit Order <input type="text" value="DD"/> / <input type="text" value="MM"/> / 2 <input type="text" value="YYYY"/> |
| Bank Details for Debit Order Bank Name <input type="text"/> Account Name <input type="text"/> Branch Name <input type="text"/> Account Number <input type="text"/> Branch Number <input type="text"/> | Authorised Bank Account Signatory |

| Changes to Debit Order Instruction | |
|---|-----------------------------------|
| Recurring / Monthly Debit Order | Authorised Bank Account Signatory |
| Cancel the Debit Order from <input type="text" value="DD"/> / <input type="text" value="MM"/> / 2 <input type="text" value="YYYY"/> | |
| Continue the Debit Order but change the amount to <input type="text" value="SZL"/> | |