DIRECT DEBIT MANDATE FORM	
New Instructions Mandate Amendment Mandate Withdrawal	
Section A: Personal Details	
Title: Surname: First Name: Other Name(s):	
Residential Address:	
Postal Address:	
Telephone: Emaill:	
- Cophone:	
Section B: Direct Debit Instructions	
Debit Date O O M M Y Y Y Y	
Frequency: Day of every Week Month Quarter Year	
Amount: GHS	
Amount in Words:	
Name of Bank: Branch:	
Name on Bank Account: Sort Code:	
Account Number:	
Account Type: Current Savings Others (Specify)	
Bank Account to Credit	
Bank: Consolidated Bank Ghana Account Name: Tesah Capital Limited Trust Account	
Branch: Airport City Account Number: 1289699100001	
Section C: Declaration	
I/We hereby request, instruct and authorize you to debit my/our account in accordance with any Direct Debit Instruction issued and delivered to you by the Tes	sah
Capital Ltd. the sum of GHS, necessary for payment of the periodic contribution in respect of the above-mentioned agreem	
on theday of each and every month/quarterly commencing on	
in accordance with any Direct Debit Instruction issued and delivered to you by the Tesah Capital Ltd. shall be treated as though they have been signed by me personally. The amounts are FIXED and shall be debited on of each month. I/We understand that the Tesah Capital Ltd. shall change the amounts are FIXED and shall be debited on	
and dates only after giving me/us prior notice and subject execution of this authority in its variable form. I/We understand that the vithdrawals hereby authorize	
shall be processed by electronic funds transfer, and I/we also understand that details of each withdrawal shall be printed on my bank statement and/or	
accompanying voucher. I/We agree to pay any bank charges relating to this Authority. This Authority shall be cancelled by me/us by giving both you and	the
Tesah Capital Ltd. twenty (20) Business Days notice in writing, sent by post, or delivered to the addresses stated above, but I/we understand that I/we shall	
be entitled to any refund of amounts which may have already been withdrawn while this Authority was in force if such amounts were legally owing to the Test	
Capital Ltd. I/We understand that if any Direct Debit Instruction is paid which breaches the terms of this Authority, you shall not be liable to us in any way manner whatsoever, whether under contract, tort or negligence and that our recourse shall be limited to the TESAH Capital I	
Signed at: on this day of 20	
Signature as per Account Mandate Date Date M M Y Y Y Y	
Section D: OFFICIAL USE ONLY	
Date D D M M Y Y Y	
Approval:	- 1