

Please tick appropriate box below

  


**Corporate Account Direct Debit**  
**Individual/Joint Account Direct Debit**

The Branch Manager

Date.....

.....  
 .....  
 .....

Dear Sir/Madam,

**MUTUAL FUND DIRECT DEBIT MANDATE**

I/We hereby authorize **STANBIC IBTC ASSET MANGEMENT LIMITED (SIAML)** to debit my/our bank account with the following details:

**BANK ACCOUNT DETAILS**

Account Name: .....

Account Number (NUBAN):.....

Bank Name:.....

Account Type.....

Email Address/ Phone Number.....

Home Address .....

And credit my mutual funds account(s) as follows:

**Mutual Fund account details and frequency of payment:**

S/N	MUTUAL FUND A/C NAME	E-ACCT NO	FUND TYPE	AMOUNT (₦)	MONTHLY	QUARTERLY	1/2 YEARLY	YEARLY
1								
2								
3								
4								
5								

Direct debit mandate should take effect from ..... day of ..... 20.....

Signature	Date	Signature	Date
Name		Name	
Designation		Designation	

If applicant is a corporate body, please ensure two authorised signatories sign, state their designation and apply Common Seal, while the parties signing should sign over a postage stamp.

**Please note that:**

- (i) This mandate shall remain effective until a counter-instruction is received by SIAML;
- (ii) Every transaction (i.e. debit into your account) attracts a processing fee of not more than N105;
- (iii) For bank accounts not domiciled with Stanbic IBTC Bank, subscription will be posted/effected two business days after due date (i.e. T+2);
- (iv) Direct debit mandate received less than 14days from the due date will automatically take effect from the following month.
- (v) Your direct debit instruction will automatically be cancelled after three unsuccessful debits from your account.