

Direct Debit Form (Fixed Amounts)

PLEASE COMPLETE IN CAPITAL LETTERS

RC:

NAME OF ACCOUNT HOLDER

ADDRESS

INSTRUCTION TO MY BANK

Please purchase units of the **FSDH Treasury Bill fund** by debiting my account detailed in this instruction by Direct Debit Guarantee. I understand that this instruction may remain with FSDH Asset Management Limited and, if so, details will be passed electronically to my Bank. The details of my Bank account are as follows;

BANK

ADDRESS OF BANK BRANCH

ACCOUNT NUMBER

SORT CODE

FREQUENCY OF PAYMENT

☐ MONTHLY ☐ QUARTERLY ☐ SEMI-ANNUAL ☐ ANNUAL

DATE OF PAYMENT

DD/MM/YYYY

PERIOD COVER FROM

TO

AMOUNT IN WORDS

₦ K IN WORDS

SIGNATURE
(AS PER ACCOUNT
MANDATE)

PHONE NUMBER

E-MAIL

DIRECT DEBIT TERMS

All such debits from my account by you in accordance with any Direct Debit Instruction issued and delivered to you by FSDH Asset Management Limited shall be treated as though they have been signed by me personally. The amounts are FIXED and may be debited onof each month. I understand that FSDH

Asset Management Limited may change the amount and dates only after giving me prior notice and subject to execution of this mandate in its variable form.

I understand that the withdrawals hereby authorized will be processed by electronic funds transfer, and I also understand that details of each withdrawal will be printed on my bank statement and/or an accompanying voucher. I agree to pay any bank charges relating to this mandate. This Mandate may be cancelled by me by giving both you and FSDH Asset Management Limited ten (10) Business Days notice in writing, sent by prepaid registered post, or delivered to the address stated above, but I understand that I shall not be entitled to any refund of amounts which may have already been withdrawn while this mandate was in force if such amounts were legally owing to FSDH Asset Management Limited.

I understand that if any Direct Debit Instruction is paid which breaches the terms of this Mandate, you shall not be liable to me in any way or manner whatsoever, whether under contract, tort or negligence and that my recourse shall be limited to FSDH Asset Management Limited.

Signed at ----- on this ----- Day of ----- 20

IN THE PRESENCE OF: WITNESS

NAME

ADDRESS

To:



UAC House,
1/5 Odunlami Street, Lagos

Dear Sirs,

RE: COUNTER INDEMNITY

1. IN CONSIDERATION of you, FSDH Asset Management Limited (hereinafter called "FAML"), instructing from time to time Stanbic IBTC Bank PLC (hereinafter called "Stanbic IBTC") to debit our/my account pursuant to the Direct Debit Mandate executed by us/me and in accordance with the Direct Debit Agreement dated July 24, 2013 between Stanbic IBTC and FAML, we/I hereby warrant and undertake to indemnify you upon your first demand in writing against all actions, losses, damages, claims, demands costs and expenses (including legal costs, attorney fees and expenses on a full indemnity basis) howsoever arising, which you may incur or sustain directly or indirectly from or in connection with any instructions given by FAML to Stanbic IBTC pursuant to our/my Direct Debit Mandate.

2. We/I authorise you to instruct Stanbic IBTC to originate or initiate any Direct Order/Debit Transaction on our/my behalf pursuant to the Direct Debit Mandate issued by us/me without further reference to or authority from us/me. Furthermore, with respect to any claims or demand for the refund of any money received by you pursuant to the Direct Debit Mandate issued by us/me, you are hereby authorised and are at liberty to comply with such demands and claims and without any further reference to or authorisation from us/me, you may originate or initiate a Direct Order to Stanbic IBTC to transfer such funds to your account.

3. This Counter Indemnity is to be in addition to and is not to prejudice or be prejudiced by any other indemnity which has been or may now or hereafter be executed by us/me in connection with any agreement between us, and shall be binding on us/me as continuing security notwithstanding any payments from time to time made to you or any settlement of account or disability, incapacity, insolvency or bankruptcy that may affect us/me or any other thing whatsoever.

4. You are to be at liberty without thereby affecting your rights hereunder at any time and from time to time at your absolute discretion to release, discharge, compound with or otherwise vary or agree the liability under this Counter Indemnity or make any other arrangements with us/me.

5. This Counter Indemnity shall be enforceable notwithstanding any change in your name or any change in your constitution, your successors or assigns or by your amalgamation with any other company.

6. We/I confirm that we/I have the authority and legal capacity to issue this Counter Indemnity in favour and for the benefit of FAML.

7. This Counter Indemnity shall be governed by and construed in accordance with the laws of the Federal Republic of Nigeria.

IN WITNESS WHEREOF we/I have executed this Counter Indemnity this ____ day of _____, 2013.

(Unit Holder)

In the presence of: In the presence of:

Name: Name:

Occupation: Occupation:

Signature: Signature: