OOTHAIN

| Name of account to be debited:   |                  |  |                      |              |                 |           | AUTHORITY TO ACCEPT DIRECT DEBITS (Not to operate as an |      |            |                |
|--|------------------|--|----------------------|--------------|-----------------|-----------|---|------|------------|----------------|
| Account details:   |                  |  |                      |              |                 |           | assignment or an agreement)                             |      |            |                |
| Bank Bran  | ch number        | Account nun  | nber                 | Suffix       |                 |           |   |      |            |                |
| To the Manager: p  | lease print full | postal address cle   | arly                 |              |                 |           |   |      |            |                |
| Bank   |                  |  |                      |              |                 |           | DRISATION CODE  |      |            |                |
| Branch   |                  |  | 0 2                  |              |                 |           | 1 5 1 8 7   |      |            |                |
| Address  |                  |  |                      |              | Date:           |           |   |      |            |                |
| We authorise you until further notice in writing to debit my/our account with you with all amounts which.      |                  |  |                      |              |                 |           |   |      |            |                |
| Food Chain Limited   |                  |  |                      |              |                 |           |   |      |            |                |
| (Hereinafter referred to as the Initiator)   |                  |  |                      |              |                 |           |   |      |            |                |
| the registered initiator   | of the above Au  | thorisation Code, ma   | y initiate by Direct | Debit.       |                 |           |   |      |            |                |
| I/We acknowledge and accept that the Bank accepts this authority only upon the conditions listed on this form. |                  |  |                      |              |                 |           |   |      |            |                |
| Information to appear  | in my/our bank s |  |                      |              |                 |           |   |      |            |                |
| Payer Particulars Payer Code Payer Reference   |                  |  |                      |              |                 |           |   |      |            |                |
|  |                  |  |                      |              |                 |           |   |      |            |                |
|  |                  | Name of  | Account              |              |                 |           |   |      |            |                |
| -  |                  |  |                      |              |                 |           |   |      |            |                |
|  |                  | Authorised S   | Signaturo(s)         |              |                 |           |   |      |            |                |
|  |                  | Authorised   | oigilalule(s)        |              |                 |           |   |      |            |                |
|  |                  |  |                      |              |                 |           |   |      |            |                |
| Approved   |                  | For Bank Use   |                      |              |                 |           |   |      |            |                |
|  |                  | Only   | Date                 |              |                 |           | ן '   | BAN  | ١K         |                |
| 4540   |                  |  | Received:            | Recorded by: | Checke          | d by:     |   | CT A | MD.        |                |
| 1518   |                  | Oniminal Datain  | -4 D                 |              |                 |           |   | STAI | VIP        |                |
| 06   | 09               | Original – Retain at Branch Copy – Forward to Initiator if requested |                      |              |                 |           | 1   |      |            |                |
|  |                  | _ Copy – Forward   | to miliator ir req   | ucsicu       |                 |           |   |      | _          |                |
| ONDITIONS OF THIS A  | UTHORITY TO      | ACCEPT DIRECT DE   | BITS                 |              |                 |           |   |      |            |                |
| The Initiator:   | odvanac Nati     | of the not amount of   | aaah Diwaat Dabit    |              | f #la a dala!#! | - ملفم سد | at tura bee   |      | - b-f-v- : | 4la a al a 4 - |

## CC

- 1.
- when the Direct Debit will be initiated. This advance notice must be provided in writing (including by electronic means and SMS where the Customer has provided prior written consent (including by electronic means including SMS) to communicate electronically). The advance notice will include the following message: -

- "The amount of \$....., will be Direct Debited to your Bank account on (initiating date)."
- May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of

such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

- The Customer may: -
- At any time, terminate this Authority as to future payments by giving notice of termination to the Bank and to the Initiator by means agreed by the (a) customer, Bank and Initiator.
- Stop payment of any Direct Debit to be initiated under this authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.
- The Customer acknowledges that: -
- This authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, (a) bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.
- (b) In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this authority. Any other dispute lies between me/us and the Initiator.
- (d) Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:-- the accuracy of information about Direct Debits on Bank statements; and
  - any variations between notices given by the Initiator and the amounts of Direct Debits.
- (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give notice in accordance with 1(a) nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.
- The Bank may: -
- In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly signed by me/us and given to or drawn on the Bank.
- At any time terminate this authority as to future payments by notice in writing to me/us.
- Charge its current fees for this service in force from time-to-time.