



CVA Technology Co. Ltd.
83, Triq L'Ghassara Ta' L-Gheneb, Marsa
Tel: (356) 22064000 Fax: (356) 22064444

Instruction to Pay Direct Debits

Name and Address of Branch

Name(s) of Account Holder(s)

Branch Sort Code

Payer Account Number

Originator

CVA Reference Number (Client ID)

D1

**Direct Debit
Mandate**

Instructions to the Bank

- I/We authorize you to effect a direct debit to my/our account detailed above and to credit CVA Technology Company Ltd following a request to this effect by the latter.
- I/We understand that the amount to be debited and the date of such debit varies, but CVA Technology Company Ltd shall notify me/us in advance of the amount and date of the debit. I/We also understand that the Bank shall not be bound to verify whether such advance notice has been given.
- I/We understand that the Bank is at liberty to, either refuse to effect payment or reverse a payment, if my/our bank account does not have sufficient funds to meet the direct debit amount. I/we also understand that any charges levied by the Bank due to insufficient funds shall be debited to my/our account.
- I/We reserve the right to refuse a debit to my/our account that does not agree with the services received by me/us and I/we understand that any such claims submitted to the Bank within 30 days after payment date will be reversed accordingly by the Bank. I/We understand that any claims after 30 days will have to be raised directly with CVA Technology Company Ltd.
- I/We understand that the Bank may terminate this Direct Debit instruction at its sole discretion by advising me/us and CVA Technology Company Ltd in writing.
- I/We fully undertake to keep the Bank harmless and fully indemnified against any liability, loss or damage the Bank may incur for any reason which is beyond the Bank's control in consequence of making this facility available.
- I/We understand that CVA Technology Company Ltd may terminate this Direct Debit instruction at its sole discretion by advising me/us and the bank in writing.
- I/We shall inform the Bank and Technology Company Ltd in writing if I/we wish to cancel this Mandate.
- This document may be retained by CVA Technology Company Ltd and CVA Technology's request to debit my/our account may be construed by the Bank that CVA Technology possess this authority.

This document should be signed by all the account holders irrespective of any other instructions given to the Bank for the operation of the account.

Name(s) of Account Holder(s) Signature(s) of Account Holder(s) / / 20 .

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This form has to be accompanied by an R1 or R2 Registration Form and photocopies of relevant ID cards/passports of account holders clearly showing signatures.

For Office Use Only

Signature Authenticated by: _____

Signature No. _____

Rubber Stamp

For Office Use Only

Client Number: _____ Clerk _____

System Form Number: _____ Date ___/___/20___

Private Vehicle Owner Corporate/Commercial Scanned

R1 Form R2 Form Follow Up

