

	CUSTOMER	INFORMATION			
Investment Account Name					
Postal / Residential Address					
Tobat / Robacinat Hadrob					
Email Address		Contact Nu	ımber		
L					
	DIRECT DEB	T INSTRUCTIONS	S		
	Total amount in words				
AMOUNT IN FIGURES					
Date of first deduction	Subsequent Deductions				
	Monthly Quarterly (Ple	ease tick)			
Date of last deduction	/ Until fu	ther notice in writing			
	<u>, </u>				
	CURRENT	BANK DETAILS			
Name of Bank					
Branch			2 (2)		
			Sort Code		
Type of Account Curren	t Savings Other				
Type of Account Current Account name	t Savings Other		7		
	t Savings Other				
	t Savings Other				
Account name	t Savings Other				
Account Number		ons for the benefit of My/Our Mutu	nal Fund Account as in	ndicated above subject to the t	erms and
Account Number L/We the undersigned hereby authorize to conditions provided below. The above More of the state of the sta	he bank to deduct My/Our periodic contributi utual Fund and FIRST FINANCE are hereby indo	emnified against any claim or liabi	lty that may arise but	not limited to My/Our providi	ng the
Account Number L/We the undersigned hereby authorize to conditions provided below. The above More of the state of the sta	he bank to deduct My/Our periodic contributi	emnified against any claim or liabi	lty that may arise but	not limited to My/Our providi	ng the
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