



Direct Debit Form For SFS Fixed Income Fund

DATE:

D	D	M	M	Y	Y	Y	Y
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The Branch manager

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Dear Sir,

PERSONAL DETAILS OF APPLICANT

FULL NAME OF ACCOUNT HOLDER			
	SURNAME	FIRST NAME	OTHER
STREET OR POSTAL ADDRESS			
MOBILE PHONE NUMBERS			
EMAIL ADDRESS			

BANK ACCOUNT DETAILS

BANK NAME			
BRANCH ADDRESS			
ACCOUNT NUMBER			
SORT CODE			

FREQUENCY OF PAYMENT

MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY ANY OTHER PERIOD.....

Please tick appropriate box above

EFFECTIVE DATE

D	D	M	M	Y	Y	Y	Y
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 EXPIRATION DATE

D	D	M	M	Y	Y	Y	Y
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DECLARATION

I hereby authorize SFS CAPITAL NIGERIA LIMITED to initiate debit into my account for the sum of

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 (Amount in words)

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representing payment for SFS Fixed Income Fund subscription.

This mandate shall remain in force until such a time when a written counter-instruction is received. A two week notice before the payment date should be given in order to cancel such mandate.

SIGNATURE:

DATE:

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Privacy Notice

At SFS Capital, we understand the importance of protecting an individual’s right to privacy. In the course of providing a service to you as an individual or corporate client, we may obtain personal information about you. Obtaining this information is important to our ability to deliver the highest level of service to you, but we are also committed to safeguarding the privacy of your information and upholding your privacy rights at all times.

For more information, please read up our data privacy policy on <https://www.sfsnigeria.com/privacy-policy/>.

By signing this form, you agree that you understand how your data will be used and consent to its use as stated in our privacy policy.

If you have any questions about SFS Capital’s privacy policy, the data we hold on you, or you would like to exercise one of your data protection rights, please do not hesitate to contact us at enquiries@sfsnigeria.com.

Signature and Date.....