

Additional undertakings by the user/owner

Furthermore, I/we hereby acknowledge and agree to the following

- 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 shall keep CVA Technology Company fully indemnified against any and all liability, loss or damages that it may incur in the event that a direct debit payment from my/our account is rejected and/or cannot be processed or executed according to the relative instructions, including but not limited to all and any charges or fees that may be levied upon CVA Technology Company Limited by its bankers.
- I/We shall keep CVA Technology Company fully indemnified against any and all liability, loss or damages that it may incur for any reason which is beyond the its control in consequence of making this service available.
- I/We understand that the Bank and CVA Technology Company Limited may terminate this Direct Debit instruction at each of their sole discretion by advising me/us and the Bank or CVA Technology Company Ltd (as applicable) in writing.
- I/We shall inform the Bank and CVA 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.
- Should direct debit is rejected more than 3 times CVA Technology Company Limited shall terminate this service by notifying me and the Bank in writing.

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.

Please sign here: _____ Please sign here: _____ Please sign here: _____

Full Name: _____ Full Name: _____ Full Name: _____

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

