



Plot No. Z 20B, Airport Residential Area, Accra
on the Mankata Avenue P. O. Box AN 5783, Accra-North
Tel: +233 302-258943-6 **Fax:** +233 302-258947 **Email:** info@starlife.com.gh
Website: www.starlife.com.gh

BANK DEBIT MANDATE

POLICY HOLDER'S NAME _____

BANK: _____ BRANCH _____

CUSTOMER'S ACCOUNT NO: _____

DEDUCTION AMOUNT: GH¢ _____

DATE OF FIRST DEDUCTION: _____

FREQUENCY OF PAYMENT: MONTHLY QUARTERLY

ANNUAL BENEFITS INCREASE OPTIONS? YES NO

STATE RATE OF INCREASE (%) _____

DECLARATION

I have applied to StarLife Assurance Company Limited for a life policy and authorise you to deduct from my account the amount stated above and credit same to StarLife Assurance Company Limited on the date stated and every month after.

This authorisation shall be effective, until a written notice by me to cancel this authorisation has been issued, stating when such cancellation shall be effective or until termination of this premium payment by StarLife Assurance Company Ltd.

Bank Customer's Signature _____ Date _____

Contact No. _____

FOR OFFICIAL USE ONLY

Policy No. _____ Date _____