STANDING INSTRUCTIONS FOR DEBIT TO ACCOUNT (SIDA)

Dated:

1.	The Manager Client Services Transaction Banking Division United Bank Limited Karachi	
2.	The ManagerBranch United Bank Bank Limited Branch Code:	
Ref: My account number Customer A/c # mentioned branch.		with the above

Dear Sir,

Standing Instructions for Debit to Account (SIDA)

I have agreed with <u>Canteen Stores Department (CSD)</u> for collecting installment amount due from me to CSD via United Bank Limited's cash management mandate. I thereby authorize United Bank Limited ("you") to debit my Account pursuant to written Instructions in form of invoice claim raised by CSD through electronic medium (hereinafter referred to as the "Funds Transfer Instruction/ Direct Debit Instruction").

I accordingly hereby authorise United Bank Limited as follows:

- That United Bank Limited will debit my Account at your branch mentioned above for instalment amount mentioned on CSD credit Note (duly signed by me or my authorised person) as communicated to United Bank Limited by CSD from time to time through the Funds Transfer Instruction / Direct Debit Instruction.
- That you are authorized to carry out the above instructions without any reference to me and without any inquiry from me as to the justification or otherwise of the Funds Transfer Instruction/ Direct Debit Instruction to my Account.

And I further undertake and agree as follows:

- a) That I shall not be entitled to direct/instruct/ amend/vary/modify/withdraw/cancel any instruction stated herein or otherwise in writing or in any manner whatsoever to you in respect of any matter of and incidental to the authorization for **Funds Transfer Instruction/ Direct Debit Instruction** and you are hereby expressly authorized to ignore/disregard such instructions from me, if any, unless specifically authorised by **CSD** in writing.
- (b) That you shall provide to <u>CSD</u> information about my Account, including statement of deductions/ account, acknowledgement and receipt of this letter as and when requested by the <u>CSD</u>.
- (c) That my Account will be closed only on receipt of NOC in writing from <u>CSD</u> and all sums in respect of which you have received **Funds Transfer Instruction/ Direct Debit Instructions**, will be paid out prior to closure of my account with your Bank.

- (d) That all sums in my Account in respect of which you have received **Funds Transfer Instruction/ Direct Debit Instructions** are for the benefit of <u>CSD</u> for the purpose of making payment to <u>CSD</u> on instalments.
- (e) That you shall not delay transfer of funds from my Account to <u>CSD</u> designated Collection Account and that such transfer shall be done as soon as the sufficient funds are available in the account when **Funds**Transfer Instruction/ Direct Debit Instructions are received at your branch.
- (f) That you may dishonour the **Funds Transfer Instruction/ Direct Debit Instruction** with prior written information to **CSD** on the same day when the **Funds Transfer Instruction/ Direct debit Instruction** is/are received at your branch provided there is insufficient balance in my/our Account and that you shall on the same day.
- (g) That in the event of dishonour of any Funds Transfer Instruction/ Direct Debit Instruction for reasons abovementioned or otherwise, any damage or loss incurred by UBL and/or CSD shall be compensated from my/our Account. In case of any erroneous details/order given by me/us to CSD, which is forwarded to you through Direct Debit Instructions, any damage, loss or cost suffered by you or CSD will always be debited / adjusted from my/our Account.

I hereby agree that all the terms set out herein are binding on me and my NOK and shall not be varied/altered/amended/revoked in any manner whatsoever without the explicit written approval of <u>CSD</u>.

Yours truly,	Above mentioned credentials (account number & Signatures			
Signature:	have been verified.			
Name:				
CNIC:	Bank Stamp & Signature			
Date:	Date:			
	WITNESSE	<u>S</u>		
Signature1:	Sig	nature1:		
Name		Jame		
		Address		
CNIC		CNIC		
	TO BE FILLED IN BY Canteen S	Stores Department		
Dealer Code	CNIC Number	Branch Code		
Contact #	051-111-388-111	Account #		
Registered Email	adhp@csd.gov.pk	Limit	300,000/-	

CSD - STAMP