



MAHANAGAR TELEPHONE (MAURITIUS) LTD
MTML SQUARE, 63, Cybercity, Ebene
Tel: +230 5294 3333, Fax: +230 5294 0606,

APPLICATION FORM FOR DIRECT DEBIT

FROM

TO

Last Name :

Bank

First Name :

Branch

Address:

Tel No/Mobile No.

Subscriber Id: (To be filled by MTML)

Bank Account Number to be Debited :-

I/We hereby authorize you to debit my/our account particulars of which are provided above with the amount presented to you by MTML. I/We further authorize MTML to claim settlement of stated amount by the debit of the mentioned account. I/We also authorize MTML to debit that same amount with bank charges, if applicable. I/We have read the terms and conditions found below and agree to comply with them.

Applicant signature :

Dated:

Terms and conditions

It is being agreed as follows between the concerned parties that:

- **The bank not ought to advise me/ us of such entries passed to my/our account.**
- **In the event of any dispute arising in connection with the amount payable, I/We shall settle the matter directly with MTML.**
- **On the date of effecting payment, the bank reserves the right to determine the priority of this payment order against the cheques presented or any existing arrangement made with the bank.**