

...in touch



Our contact details:  
Telephone: +268 4052000  
Toll free: +268 8002000  
Email: [customer@swazitc.co.sz](mailto:customer@swazitc.co.sz)  
Website: [www.swazitc.co.sz](http://www.swazitc.co.sz)

## DEBIT ORDER MANDATE FORM

A convenient way to settle bills

Bank:	
Branch:	
Bank Account Number:	
Branch Code:	
ID Number:	
Your Cellphone Number:	
Service Type:	
Landline Number/Post Box:	
Your Physical Address:	
Email Address:	

### Mandate to your Bank

Please pay **Swaziland Posts & Telecommunications Corporation** by Debit Order from the account detailed in this mandate subject to the safeguards assured by the Debit Order guarantee. I understand that this mandate may remain with Swaziland Posts & Telecommunications Corporation and payment instructions shall be passed electronically to my Bank to debit my Account

### Authority to Debit My Account

By signing this form, I have given authority to my Bankers to debit my account using Debit Order Facility towards my bill settlement with **Swaziland Posts & Telecommunications Corporation**.

Debit my account based on the Direct Debit instruction. Effective Debit Date

Debit my account with  Effective expiry date  [If applicable].

Amount in words \_\_\_\_\_

I, the undersigned authorize the Swaziland Posts and Telecommunications Corporation [SPTC] to, in terms of the agreement, deduct the service rate from this account, including any applicable service rate increases I have selected or any increases that SPTC may apply as agreed with me, until service termination or change.

\_\_\_\_\_  
Authorized Signatory

Date:

#### FOR OFFICE USE ONLY

Name of Officer:	Date received:
Reference number:	
Signature:	



Our contact details:  
Telephone: +268 4052000  
Toll free: +268 8002100  
Email: [customercare@sptc.co.sz](mailto:customercare@sptc.co.sz)  
Website: [www.sptc.co.sz](http://www.sptc.co.sz)

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Authorized Signatory

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Name of Officer:	Date received:
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Signature:	