



DIRECT DEBIT AUTHORISATION FORM

I the undersigned request and authorize CEDA to draw against my below account an amount of P_____ being loan repayments on respect of account no. _____ on the _____ day of each month commencing on the _____ until further notice or any amount that CEDA may debit or charge you to be debited from an account held at the financial institution identified below or any other bank or branch. In the event that this day falls on a weekend or public holiday CEDA shall debit the account on the last working day before such weekend or holiday, as the case maybe. I may transfer my account subject to the terms and conditions of the direct debit agreement as specified in this agreement;

1. CLIENT/ BANK ACCOUNT DETAILS:

Client or Company name: _____
Postal Address: _____
Name of Bank: _____
Branch name, Town: _____
Branch address: _____
Account Holder Name: _____
Account number: _____
Type of Account: _____

TERMS AND CONDITIONS OF THE DIRECT DEBIT

1. By signing a direct debit request I have authorized CEDA to arrange for funds to be debited from my/our account. If the debit day falls on a day that is not a banking day, CEDA may direct my/our financial institution to debit my/our account on the last working day before such non-banking day.
2. CEDA may vary any details of this agreement or a direct debit request at any time by giving me/us at least Thirty (30) days written notice by sending a notice in the ordinary post to the address I/we have given in the direct debit request.
3. I may cancel, or stop or defer a debit payment authority for CEDA to debit my/our account at any time by giving CEDA thirty (30) days notice in writing before the next debit day. I/We shall not be entitled to any refund of amounts that CEDA has already withdrawn while the authority was in force if such amounts were legally owing to CEDA.
4. If there are insufficient funds in my/our account to meet a debit payment or the debit order is unpaid for whatever reason I may be charged a fee and/or interest by my/ our financial institution and I may also incur fees or charges imposed or incurred by CEDA; and must arrange for that payment to be made by another method or arrange for sufficient funds to be in my account by an agreed time so that CEDA can process the debit payment.
5. If there has been an error in debiting my account, notice shall be made in writing by either party to this agreement within 7 days of occurrence of such error and for the refund to be done accordingly and within a reasonable time.

By signing this direct debit request, I acknowledge having read and understood the terms and conditions governing the debit arrangements between me and CEDA as set out in this request and consider them binding on me/us.

FULL NAME _____ SIGNATURE : _____ (duly authorized)

CEDA DATA PRIVACY NOTICE

CEDA collects your personal data (directly from you or via third parties like credit bureaus) to provide financial services, verify your identity, assess risk, communicate with you, and meet legal obligations.

Your data is:

- Used only for the purposes it was collected for
- Retained if legally or operationally necessary
- Shared with third-party providers under strict contractual protections
- Transferred internationally only where equivalent data protection standards apply

Under the Botswana Data Protection Act 2024, you have the right to **access, correct, or delete** your personal data by contacting: **dataprotection@ceda.co.bw**

By submitting the form, you **consent** to this data use and may **withdraw consent** at any time, subject to any overriding legal or contractual obligations.

CEDA NETWORK

GABORONE BRANCH

Physical Address

Plot 5129, Gaborone Main Mall Corner
Pilane and Queens Road

Postal Address

Private Bag 00504, Gaborone, Botswana
T : +267 3181022, F : +267 3181022

KANYE BRANCH

Physical Address

Maswabi Complex, Plot. No. 1264,
Sebonego Ward, Kanye

Postal Address

Private Bag 16, Kanye, Botswana
T : +267 544-0324, F : +267 544-1109

MOLEPOLOLE BRANCH

Physical Address

Plot 470, Borakanelo Ward, Molepolole

Postal Address

P. O. Box 3271, Molepolole, Botswana

T : +267 5920000, F : +267 5915318

PALAPYE BRANCH

Physical Address

Riverview Mall A1 Road,
Plot 8717 Unit 17, Palapye

Postal Address

Private Bag 24, Palapye, Botswana
T : +267 4920279, F : +267 4920235

PHIKWE BRANCH

Physical Address

Behind Barclays Bank (next to Coop), Main Mall

Postal Address

Private Bag 190, Selebi Phikwe, Botswana

T : +267 262 2377, F : +267 262 2374

FRANCISTOWN BRANCH

Physical Address

Plot No 323676 (Unit 6,7,8) Donga
Along Marang Road

Postal Address:

P. O. Box 1845, Francistown, Botswana

T : +267 241-2775, F : +267 241-6045

LETLHAKANE BRANCH

Physical Address

Plot 10297, Mokgobelele Ward, Letlhakane

Postal Address

Private Bag 55, Letlhakane, Botswana

Tel: 297 6254

HUKUNTSI BRANCH

Physical Address

Macheng Mall, Plot No. 158, Unit 7

Postal Address

P.O Box ,131 Hukuntsi Botswana

T : +267 6510170 F: 267 6510169

MAUN BRANCH

Physical Address

Tsheko Road (Next to Standard Chartered
Bank and Behind Center Lodge), Old Mall

Postal Address

P/Bag 393, Maun, Botswana,

T : +267 686-4169, F : +267 686-4858

SHAKAWA BRANCH

Physical Address

Acacia Mall - Unit 10, Plot 180, Shakawe
Botswana

Postal Address

Private Bag16, Shakawe.

Tel: 6875090. Fax: 6875093

KASANE BRANCH

Physical Address

Plot 5085-Nunga Road (Within the Rural
Administration Centre)

Postal Address

P O Box 63, Kasane

Tel : 625 0183 Fax: 6250185

TSABONG BRANCH

Physical Address

Plot No. 7069, Tsabong Rural Administra-
tive Centre (RAC)

Postal Address

Private Bag 23, Tsabong

T: +267 654 0208 F: +267 654 0208

GHANZI BRANCH

Physical Address

Plot 1299 (Opposite Bus Rank, Next to
Delta Pharmacy)

Postal Address

P. O. Box 792, Ghanzi, Botswana

T : +267 659-7331, F : +267 659-7595

TUTUME BRANCH

Physical Address

Plot No 1551, Magapatona Ward
Sefalana Shoppers Complex

Postal Address

T : +267 298 7003