



SHIELD MICROFINANCE COMPANY LTD (SMF)
Indemnity form for email, fax and telephone instructions

Account Holder's Name _____

Customer ID _____

This is to state that my/our account transactions would ordinarily be authorized by me/us in person or in writing with my/our original signature and ID. At the discretion of SMF however, and at my own risk, I/We reserve the right to issue instructions for transactions relating to my/our account transactions by any one or a combination of the following: fax, e-mail or telephone call.

Unless I/We advise otherwise in writing, my/our confirmed fax, email and telephone details shall remain as follows:

Fax No: _____

Email address: _____

Telephone No.(s): _____

I/We hereby agree that I am / we are aware fax, email and telephone authorizations are insecure and can be tampered with.

Consequently, I/We further agree that none of my/our instructions via fax or e-mail (as above) shall be executed by SMF unless SMF obtains my/our confirmation via the telephone number above.

By signing this form, I/We agree to indemnify and absolve SMF from any claims, losses and all other liabilities that may occur as a result of my/our decision to authorize my/our transactions in the manner stated above in respect of any or all of my/our accounts with SMF.

I/We further agree that this indemnity shall continue to be binding until such a time that I/We shall cancel it in writing, in which case the option to transact business on my/our accounts with SMF by means of telephone, email or fax instructions shall immediately cease.

1 _____ 2 _____
Signature Signature

Date Date

Witnessed By: _____

Signature: _____ Date: _____