

NFA Staff SACCO

Monthly Direct-Debit / Auto-Collection Mandate

To DFCU Bank and the member's account-holding bank, subject to formal activation

Application: 2026081330815
Mandate: DFCU-MAND-20260813092442-642e044a16
Status: SIGNED

ACCOUNT HOLDER DOUGLAS LUKWAGO	PAYER BANK Dfcu
ACCOUNT NUMBER 4567	ACCOUNT VERIFICATION VERIFIED
MONTHLY AMOUNT UGX 1,389,584	MAXIMUM AUTHORISED DEBIT UGX 1,528,542
COLLECTION DAY Day 28 of each month	MANDATE PERIOD 2026-08-13 to 2027-08-13

I authorise NFA Staff SACCO, DFCU Bank and my account-holding bank, subject to formal bank or licensed-provider activation, to initiate the monthly debit shown above for repayment of my SACCO loan.

- The debit must not exceed the maximum authorised amount without a new mandate.
- Retries must follow the disclosed SACCO and provider policy.
- Successful collections must be allocated to the exact SACCO loan and reconciled using a unique provider reference.
- I must be notified of material mandate changes, failed collections and applicable charges.
- No mobile-banking PIN, OTP, card PIN or internet-banking password is requested by this mandate.

Activation notice: Signing or uploading this form does not by itself permit a debit. The mandate must be validated and activated by DFCU Bank, the member's bank or the contracted licensed payment provider.

QR-PROTECTED TRUE COPY

Scan to verify this mandate

The public page validates the authenticity signature against the current immutable mandate terms. It displays only masked account-holder and account details.

Public reference

3BFC6ECC555A7C75F9CD4541C6402416

Authenticity signature

ZdnxqCsS13qTQivi4wwNUgOYk5aNYd3A5izRYeP0oNA

Document fingerprint

2DE7 CF73 73F8 E991 8896 4A7F E8A0 19B6



Privacy notice: verification uses a random public reference and cryptographic authenticity signature. The public verifier does not reveal a full bank-account number, NIN, CRB report, phone number or contact address. Processing is governed by policy version 2026.2, fingerprint 1EC71545B33B25CF33CB. [Read the Data Protection Policy](#).

Member signature and date

SACCO authorised officer / witness