

Airport Industrial Park, Nassau, The Bahamas Phone (242) 676-9640 fastdrawsbahamas.com

Asue Contract

This Agreement ("Agreement") is entere (referred to collectively as the "Participal to the collective of the collective		, by and between the undersigned individuals
Purpose: The purpose of this ASUE is to establish purpose of providing financial support to the state of		ssociation (ASUE) among the Participants for the gbasis.
2. Duration: The ASUE will be in effect for ten(10) w	eeks, commencing on	and concluding on
	counts provided. Payments are v	vill be distributed among the Participants in rotation. weekly /monthly and must be paid no later than Saturday
4. Rotation Schedule: The rotation schedule will be determine to be provided with the order of draws.		tion]. Before the start of the asue an official schedule is nds are complete.
5. Disbursement: The total contribution pool will be disbu The disbursement will occur on the Mor the bank account provided on file. If cas	nday as specified in the roster c	or the first day in the month. Payments are disbursed to
Participant will forfeit their right to rece defaulter is absence of payment for two is set at \$30 per day. This will be deduct	ive disbursements until the deformance days post due date. Late fees a ded from automatically from a deductions from draw will occur.	nsidered in default. In the event of default, the fault is rectified. The period of which to become a are charged once participant enters defaulters status and lefaulters draw. This can also be paid at the time that the lin the event of sickness or demise, the emergency
7. Holder's Fee Charges: Participants of the asue will be charged a smooth asue cycle as well as protection		pant. This fee allows for administration and facilitation o
8. Amendments: This Agreement may be amended by mu	utual agreement of all Participa	nts in writing.
	e to compl <mark>y wi</mark> th this contract w	n the laws of The Commonwealth of The Bahamas. vill result in legal action. Failure to meet payment hat one is fully aware of this
IN WITNESS WHEREOF, the Participan	ts have executed this ASUE Co	ntract as of the date first above
written. Participant	Date	
Representative	Date	

Witness _____ Date____



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Payments should be made to

Scotiabank Bahamas Ltd.

Account Name: Tyronne Perpall

Account Number (SAVINGS): 3005137 Branch Number: 70375 (Cable Beach)

CLIENT BANK ACCOUNT INFORMATION

Bank
Name
Account #
Transit(Branch)
Account Type