



Physical address

Diep in die Berg Conference Centre
929 Disselboom Street
Wapadrand
Pretoria
0018

Postal Address

PO Box 2804
Faerie Glen
0043

Contact Numbers

Tel: (012) 807 4630
Fax: 086 656 6986
Cell: 082 600 5403

Please complete this form thoroughly and fax to the above mentioned fax number

BANK DEBIT ORDER INSTRUCTION

Name (Debtor) : _____

Date : _____

Address : _____

Signatory name : _____

Contact Tel : _____

Dear Sirs/Madams

The details of my bank account are as follows:

BANK : _____

BRANCH/TOWN : _____

BRANCH NO. : _____

ACCOUNT NAME : _____

ACCOUNT NO. : _____

TYPE OF A/C : _____

(Savings, current, transmission)

I/we hereby request and authorize you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of _____ (state amount in words) or any variable amount pertaining to this agreement, on the first working day of each month. This being the amount necessary for the settlement of the monthly due to you in respect of our purchases/contract/agreement dated ____/____/____.

All such withdrawals from my/our account by you shall be treated as though they had been signed by me/us personally.

I/we the undersigned "instruct" and authorize your agent Netcash (Pty) Ltd, to draw against my/our account. I/we understand that if bank details have been supplied the withdrawals authorized here will be processed by BankServ. I/we also understand that details of each withdrawal will be printed on my/our statement.

I/we agree to pay any banking charges relating to this debit order instruction.

This authority may be cancelled by means of giving you thirty days notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts, which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.

Assignment:

I/We acknowledge that the party hereby authorized to effect the drawing(s) against my/our account may not cede or assign any of its rights and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorized party

Signature

Signed _____ on this _____ day of _____ 200____

SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS