

You need new
FRIENDS!



PERSONAL INFORMATION

TITLE	
INITIALS AND NICKNAME	
SURNAME	
ID NUMBER	
PHYSICAL ADDRESS 08:00-16:00	
MOBILE NUMBER	
WORK NUMBER	
HOME NUMBER	
E-MAIL ADDRESS	
CONTRIBUTION PER MONTH	R

BANKING DETAILS

BANK	
ACCOUNT NAME	
ACCOUNT TYPE	
BRANCH CODE	
ACCOUNT NUMBER	
DAY OF MONTHLY DEDUCTION	of each month
DATE OF FIRST DEDUCTION	(dd/mm/yyyy)

Statement:

You hereby give permission that we can send an invoice to your bank for a recurring payment from your account, on the condition that the amount deducted never exceeds the amount which you have agreed upon.

This recurring payment will continue on a monthly/weekly basis until your mandate with us is cancelled by you; in no less than six months with a notification period of one month.

The mandate to debit your account can be delegated to a third party if the agreement can be delegated to a third party. If the day of payment should fall on a Saturday, Sunday or a South African public holiday, the payment will automatically be deducted on the next following business day.

Please note that the word **GESKIEDENIS** will appear on your bank statement as the payment reference. If there are any further questions or complaints, please contact Zieg at our office number: 012 326 6770.

Send the completed form to izelle@kultuurtuiste.org.za

Signature

Date