



FORM OF AUTHORITY AND MANDATE IN RESPECT OF ALL ELECTRONIC DEBITS

Please email signed form to info@geleentheid.org.za or fax to 086 548 8130

(For office use only) Agreement Ref Nr

A. AUTHORITY

| | | | | | |
|---|------------------|---------|-------|------|-------|
| Name of account holder | | | | | |
| ID number | | | | | |
| Phone number | | | | | |
| Address | | | | | |
| Bank name | | | | | |
| Branch and code | Branch | | | | Code |
| Account number | | | | | |
| Type of account | Current (cheque) | Savings | Other | | |
| Monthly contribution | R150 | R250 | R350 | R500 | Other |
| Where did you hear about Geleentheid Trust? | | | | | |

TO

Geleentheid Trust, abbreviated name GELEENTHEID
+27 72 878 0987
111 17th Street, Parkhurst 2193.

This signed Authority and mandate refers to our contract as signed and dated below.

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on and continuing until this Authority and Mandate is terminated by me/us by giving you one calendar's month notice in writing

The individual payment instructions so authorised to be issued must be issued and delivered monthly (on the first day of every month)

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

B. MANDATE

I/We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned Bank as if the instructions have been issued by me/us personally.



C. CANCELLATION

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

D. ASSIGNMENT

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

E. ESCALATION

I /We hereby authorise(s) Geleentheid Trust to escalate the debited amount annually in line with South African CPI inflation, but not by more than 8% in any one year.

--- FOR OFFICE USE ONLY ---

F. AGREEMENT REFERENCE NUMBER This agreement reference number is: _____

Signed at _____ on this day of _____, 20_____.

Signature (as used for operating on the account)

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Thank you.