C.A & W Services CC

CK1992/002902/23

PO Box 9608, Centurion, 0046 14 Estcourt Drive, Wierda Park, Centurion, South Africa

Telephone: 012-653-5666 Facsimile: 012-653-0440



BANK DEBIT ORDER INSTRUCTION

Name (Debtor)			Date	
Address				
Signatory name				
Contact Tel				
Dear Sirs/Madams				
The details of my bank accour	nt are as follows:			
BANK			BRANCH/TOWN	
ACCOUNT NAME			BRANCH NO.	
ACCOUNT NO.			TYPE OF A/C	
		_		(Savings/Current/Transmission)
necessary for the settlement of should commence on calendar days notice. All such withdrawals from my/	1 1	and will con	tinue until cancelle	
I/we the undersigned, "instruct understand that if bank details I/we also understand that deta	have been supplied the	e withdrawals aut	thorized here will be	
I/we agree to pay any banking	charges relating to this	s debit order instr	uction.	
This authority may be cancelle but I/we understand that I/we sauthority was in force if such a	shall not be entitled to a	any refund of amo	_	
Assignment: I/We acknowledge that the pa assign any of its rights and tha any third party without prior wi	at I/we may not delegate	e any of my/our o		
Signed at	on this	day of		20