

தமிழர் கூட்டிணைப்புக் கழகம் - குவாகுலு நெட்டால்



TAMIL FEDERATION OF KWA-ZULU NATAL

An affiliate of the South African Tamil Federation

SARS PBO NUMBER 930/006/13/3 : NPO NUMBER : 052/631

POSTAL ADDRESS: P.O. BOX 1276 DURBAN 4000

EMAIL ADDRESS : naidoobala@telkomsa.net OR chettis@sapo.co.za

TELEPHONE : 031 3254222 / 0827758818

BANK

BRANCH NAME AND TOWN

BRANCH NUMBER

ACCOUNT NUMBER

TYPE OF ACCOUNT

**CURRENT (CHEQUE/SAVINGS/TRANSMISSION)
(DELETE WHERE NOT APPLICABLE)**

I/We hereby request, "instruct" 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 R_____ (and amount in words), "the amount necessary for payment of the monthly installment / premium due in respect of the abovementioned agreement / insurance" on _____ day of each and every month commencing on _____ and continuing (as the case may be). All such withdrawals for my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/We understand that the withdrawals hereby authorized will be processed by computer through a system known as the ACB Magnetic Tape Service and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher.

I/We agree to pay any bank charges relating to this debit orders instruction.

This authority may be cancelled by me/us by 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by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is our will be).

ASSIGNMENT:

I/We acknowledge that the party hereby authorized to effect the drawing(s) against my/our account not cede or assign any of its rights to any third party without my/our prior written consent 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.

Signed _____ on this _____ day of _____

SIGNATURE AS USED FOR SIGNING CHEQUES

ASSISTED BY

(Where legally necessary)

CAPACITY

NOTE:

A cancelled cheque should be attached for the bank identification purposes. (Current account only)

The user may add to the above minimum requirements.

NAME:

ADDRESS:

