

SIGN A DEBIT ORDER FORM AND MAKE A MONTHLY FINANCIAL CONTRIBUTION

Please complete the debit order form attached and send it back to us at info@missingchildren.org.za or fax to 086 580 3310.

PLEASE FIND BELOW OUR BANKING DETAILS:

PLEASE USE YOUR NAME AS REFERENCE

NAME OF ACCOUNT: Missing Children SA

NAME OF BANK: Standard Bank

TYPE OF ACCOUNT: Cheque

ACCOUNT NUMBER: 272471216

NAME OF BRANCH: Tyger Manor

BRANCH CODE: 050410

SWIFT CODE: SBZAZAJJ

SHOULD YOU WISH TO RECEIVE A TAX INVOICE, PLEASE COMPLETE THE INFORMATION BELOW AND SEND THIS FORM AND YOUR PROOF OF PAYMENT TO INFO@MISSINGCHILDREN.ORG.ZA OR FAX TO 086 580 3310.

Be sure to keep the original copy in a safe place in case this will be required at a later stage.



NAME

TELEPHONE NUMBER

ADDRESS

SIGNATURE

DEBIT ORDER INSTRUCTION



MISSING
CHILDREN
SOUTH AFRICA ©

FROM

Name:
Address:

Tel: Date:

TO

Missing Children SA
PO Box 212
Bellville
7535

Dear Sirs,

I AGREE TO THE FOLLOWING

The details of my/our bank account are as follows:

BANK:
BRANCH NAME:
BRANCH CODE:
ACCOUNT NUMBER:
TYPE OF ACCOUNT Current (Cheque) / Savings / Transmission:

I/We hereby request, 'instruct' and authorise you to draw against my/our account with the above mentioned 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 instalment/premium due in respect of the abovementioned agreement on _____ day of each and every month commencing on _____ and continuing (as the case may be) or until _____ All such withdrawals from 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 authorised will be processed by computer through a system provided by the South African Banks, 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 order 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by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.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 or will be).

ASSIGNMENT:

I/We acknowledge that the party hereby authorised to effect the drawing/s against my/our account may not be cede or assign any of its rights to any of its rights to any third party without my/our prior consent and the 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 authorised party.

Signed _____ on this _____ day of _____

SIGNATURE AS USED FOR SIGNING CHEQUES

ASSISTED BY (Where legally necessary)

CAPACITY

Board: Nico Panagio (Chairman), Judy Olivier (Operations), Jaco Boshoff (Finances), Dave Rix (Legal), Thomas Houghton-Dixon (Communications)

Tel: 072 MISSING / 072 647 7464 : 021 950 1546 | **Fax:** 086 580 3310 | **E-mail:** info@missingchildren.org.za | **www.missingchildren.org.za**
Venter Van Eeden Offices, Old Dutch Square, Old Paarl Road, Bellville | P.O. Box 212, Bellville, 7535 | **NPO:** 067-095 | **PBO:** 930 034 181