



THE PARKTONIAN FOUNDATION TRUST

(IT7988/78)
PBO No: 930026928

Parktown Boys' High School
Surgite House, Tom Clarke Suite
Wellington Road, Parktown 2193
Private Bag X15, Parkview 2122
Tel: +27 (0)11 484 6618 | Fax: +27 (0)11 484 6009
Email: info@surgite.co.za | www.surgite.co.za

LIONS LEGACY

Debit Order Mandate

(Email to: karen@surgite.co.za)

First Name: _____
Surname: _____
Year of Graduation: _____
E-Mail Address: _____
Contact Number:

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(A) AUTHORITY

Account Holder's Name: _____
Residential Address: _____

Postal Code:

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Bank Name: _____

Branch And Code: _____

Account Number:

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Account Type:

Current	Savings	Transmission
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Payment Deduction Date:

1 st of month	15 th of month	28 th of month
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[Please mark with an "X"]

Debit Order Amount: R

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Payable to: **The Parktonian Foundation Trust**
Registered Name at Bank: **The Parktonian Foundation Trust**
Beneficiary's Address: **20 Wellington Road, Parktown, 2193**

This signed Authority and Mandate refers to our contract dated _____
("The Agreement").

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 abovementioned 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 notice in writing of not less 20 ordinary working days, and sent by electronic mail.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: On the _____ day ("**payment day**") of each month commencing on _____. In the event that the payment day falls on a Saturday, Sunday or recognized 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 and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. Such must contain a number, which number must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. This number must be added to this form in *section E* before the issuing of any payment instruction and communicated to me directly after having been completed by you.

(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 CLAUSE

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.

Signed at _____ on this _____ day of _____ 202 ____

(Signature as used for operating on the bank account)

(E) AGREEMENT REFERENCE NUMBER

This agreement/reference number is: _____

Your agreement/reference number is the prefix "LL_" followed by a unique 3-digit code and your surname.