

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

Debit Order Mandate

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

First Name:				
Surname:				
Year of Graduation:				
E-Mail Address:				
Contact Number:	-			
(A) AUTHORITY				
Account Holder's Name:				
Identity Number:				
Residential Address:				
Postal Code:				
Bank Name:				
Branch and Code:				
Account Number:				
Account Type:	Current	Savings	Transmission	
Payment Deduction Date:	1 st of Month	15 th of Month	28th of Month	
Debit Order Amount:	R250.00 R	500.00 R750.0	00 R1,000.00	
or	[Ple	[Please mark with an "X"]		
Own Amount:	R	-		
Payable to:	The Parktonian Fo	oundation Trust		
Registered Name at Bank:	The Parktonian Fo	oundation Trust		
Beneficiary's Address:	20 Wellington Road, Parktown, 2193			

This agreement/reference number is:		
(E) AGREEMENT REFERENCE NUMBER		
OFFICE USE:		
(Signature as used for operating on the bank account)		
Signed at on this	day of	202
I/We acknowledge that this authority may be ceded or a ceded or assigned to that third party, but in the absence Authority and Mandate cannot be assigned to any third	e of such assignment of the Agr	
(D) ASSIGNMENT CLAUSE		
I/We agree that although this Authority and Mandate mont cancel the Agreement. I/We shall not be entitled to withdrawn while this authority was in force, if such amo	any refund of amounts which yo	
I/We acknowledge that all payment instructions issued abovementioned Bank as if the instructions have been (C) CANCELLATION		ur
(B) MANDATE		
I/We understand that the withdrawals hereby authorised system provided by the South African Banks and I also be printed on my bank statement or on an accompanying number must be included in the said payment instruction identify the Agreement. This number must be added to payment instruction and communicated to me directly a	understand that details of eaching voucher. Such must contain in and if provided to you should this form in section E before the	withdrawal will a number, which enable you to e issuing of any
The individual payment instructions so authorised to be follows: On the day ("payment day") of each ment the event that the payment day falls on a Saturday, Sholiday, the payment day will automatically be the very	onth commencing on Sunday or recognized South Afr	
giving you notice in writing of not less 20 ordinary worki		
I/We hereby authorise you to issue and deliver paymen against my/our above mentioned account at my/our above branch to which I/we may transfer my/our account) on constructions will never exceed my/our obligations as against continuing until this Au	ovementioned bank (or any othe condition that the sum of such p	er bank or ayment ommencing on
This signed Authority and Mandate refers to our contract (todays' date) ("the Agreement").	ct dated	

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