



Voigro 61 cc registration no 2006/031359/23 t/a

A4dable Software

PO Box 2950, Knysna, 6570

Tel 044 873-3876

VAT Registration: 4120228178

Fax to: 086 516 5902

DEBIT ORDER INSTRUCTION

(Please complete in capital letters?)

BUSINESS DETAILS:

Business Name:																				
Business Registration No:																				
Trading name:																				
Physical Address:																				
Postal Code:																				
Telephone No:																				
Fax No:																				
A4dable Software reference:																				

SIGNATORY DETAILS:

First names:																				
Surname:																				
Identity no:																				
Position held:																				
Physical Address:																				
Postal Code																				
E-mail																				
Telephone No:																				
Cellular No:																				

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

BANK:		BRANCH NAME:	
ACCOUNT NO:		BRANCH NO:	
TYPE OF ACC:	Current	Cheque	Savings
		Credit Card	Other

I / we hereby request and authorize 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** _____ on the 1st working day of each and every month. 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. This being the amount necessary for the payment of the monthly payment / premium due to you in respect of our agreement.

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

Initial here:



Mandate

I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally.

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. This Authority and Mandate may be terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

Authorized Signature

Signed at _____ on this _____ day of _____ 20 ____ .

**Please fax the completed and signed
form to [086 516 5902](tel:0865165902) or scan and
email it to info@a4dable.co.za**