

Company Registered Name:	Imisebe Yelanga	Abbrev. Name with bank:	HOPE	
Registration Number:	229 083-NPO			
Beneficiary's Address:	20 Honeysuckle Place, Glen Hills, Durban, 4053			

		A. Auth	nority				
Name of account holder to debit:							
Domicile et executandi: (Address)							
Contact Numbers:	(C)			(W)			
Bank:							
Branch Code:			Account Number:				
Type of Account:	Current		Savings			Transmission	
Amount to be deducted:			Debit orde	r date:			
This signed Authority and We hereby authorise you bove-mentioned account ransfer my/our account bligations as agreed to authority and Mandate is lays, and sent by prepail	ou to issue and del int at my/our above t) on condition that o in the Agreemen s terminated by me id registered post o	liver payment i e-mentioned E at the sum of it and comment by giving y or delivered to y	nstructions to Bank (or any such paymencing on rou notice in your address	o your Ba other Ba ent instru writing of as indica	nker for the ctions not less ted ab	or collection againg branch to which will never exce and continuing than 20 ordinatove.	nst my/our I/we may ed my/our g until this ary working
Amount to be deducted: This signed Authority and We hereby authorise you bove-mentioned account ransfer my/our account obligations as agreed to authority and Mandate is	d Mandate refers to ou to issue and del int at my/our above t) on condition that o in the Agreemen is terminated by me id registered post o	liver payment i e-mentioned E at the sum of it and comment by giving y or delivered to y	Debit orde dated	o your Ba other Ba ent instru writing of as indica	nker for the ctions not less ted ab	("the Agr or collection agai branch to which will never exce and continuing ss than 20 ordina ove.	inst ed g u

The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly, bimonthly, three monthly, six monthly, annually, weekly, bi-weekly (delete that which is not applicable)

If the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

Payment instructions due in December may be debited against my account on

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

B. Mandate

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

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

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

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.	

cannot be assigned to any th		issignment of the Agreement, this Authority a	and iv
Signed at	on this	day	
of	·		
(Account holder on the bank	account)		
E. Agreement Reference N	umber		
This Agreement reference number for debtor is	HOPE		
	Abbreviated Name	Your Debtor Account Reference	

*EFT Users may not use the tracking option and must exclude the option from their Authority and Mandate.