

Address

20 Pecan Place, 762 Wapadrand Road Wapadrand, Pretoria East 0081

DERTC OKNEK HOKEEIHEHC			
Section A: Learner Details			
First Name:		Last Name:	
ID No.		Passport No.	
Account No.			
Section B: Account Holder Information			
First Name:		Last Name:	
ID No.		Passport No.	
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Relation to Learner:			
Mobile No.		Tel (Home).	
Account Holder Cel.		Account Holder Email:	
Section C: Debit Order Information.			
Bank:		Account Holder:	
Account Number:		Branch Code:	
Account Type:	Amou	unt per Month:	Day of the Month:

DEBIT ORDER FORM

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Dayments commencing from	This signed Authority and
Payments commencing from Mandate refers to our contract dated ("the Agreer deliver payment instructions to your Banker for co account at my/our above-mentioned Bank (or an transfer my/our account) on condition that the su exceed my/our obligations as agreed to in the Ag	ment"). I/We hereby authorise you to issue and ollection against my/our above-mentioned my other bank or branch to which I/we may aum of such payment instructions will never
exceed my/our obligations as agreed to in the Ag	reement and commenting on.
Date:	
DD/MM/YYYY	
I / We understand that the withdrawals hereby au computerized system provided by the South Africa each withdrawal will be printed on my bank states which must be included in the said payment instruyou to identify the Agreement. A payment reference any payment instruction.	an Banks and I also understand that details of ment. Each transaction will contain a number, uction and if provided to you should enable
Mandate	
I/We acknowledge that all payment instructions is above-mentioned Bank as if the instructions have	, ,
Cancellation	
I/We agree that although this Authority and Mand cancellation will not cancel the Agreement. Upon entitled to a refund of all payments minus a 5% co	cancellation of this contract, you will be
Assignment	
I/We acknowledge that this Authority may be ced Agreement is also ceded or assigned to that third of the Agreement, this Authority and Mandate car	party, but in the absence of such assignment
Account holder Signature:	

Section D: Terms and Conditions

By signing this form, you are deemed to have read and agreed to the terms and conditions of Digititan (Pty) Ltd as it appears on the form. I indicate the residential address as provided in the contract form is the address where the service of all documents relating to this matter will be accepted. I declare that the postal address as provided in the contract form can be used as the postal address to which all correspondence will be sent to me.

Signed at (place):	Account Holder:
Date:	
DD/MM/YYYY	
By ticking this box, you confirm that you have re	ad and accept our Privacy Policy.
Laccept the Privacy Policy.	

DEBIT ORDER FORM