



SOLIDARITEIT HELPENDE HAND SOLIDARITY HELPING HAND

Help vandag bou aan die toekoms van 'n kind

0861-25-24-23

www.helpendehand.co.za

☎ (012) 644 4390

📄 (012) 664 1295

✉ 8766, Centurion 0046

diens@helpendehand.co.za

ONDERSTEUNINGSVORM

Faks hierdie vorm na 012 664 1295

Wil u iemand verwys / Do you want to refer someone?

Naam:

Kontak-no:

Persoonlik / Personal Hierdie gedeelte moet deur alle aansoekers ingevul word. / *This section must be completed by all applicants.*

Naam:

Van:

Titel:

mnr.	Mr
------	----

ID-nommer:

mev.	Mrs
------	-----

me.	Ms
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Woonadres
Residential address:

Kode:

Posadres
Postal address:

Kode:

Telefoon (h):

Faks:

Sel:

Korrespondensie:

Afrikaans	<input type="checkbox"/>
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Correspondence:

Engels	<input type="checkbox"/>
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E-posadres:

Ontvangs:

Tak dienskantoor
Branch service office

Streek
District

* Jy kan ook aansoek doen vir 'n artikel 18A-sertifikaat.

Naam _____ (bladsy 2/2)

Bedrag per maand: **R**
Amount per month: (Minimum R30)

Datum van eerste debietorder
Date of first debit order:

Metode van betaling:
Method of payment:

Bank:

Naam van rekeninghouer:
Name of account holder:

Takkode:
Branch code: Account number:
(GEEN KREDIETKAARTNOMMERS ASB. / NO CREDIT CARD NUMBERS PLEASE)

Tipe rekening: Lopende Current account Spaarrekening Savings account
Account type:

Betalings frekwensie: Maandeliks Monthly
Payment:

*** Hierdie vorm sal nie aanvaar word indien die takkode nie ingevul is nie en die vorm nie geteken is nie.**
*** This form will not be accepted if the branch code is not completed and the form is not signed.**

Aldus voltooi en geteken te:
Thus done and signed at:

op
on Handtekening van rekeninghouer:
Signature of account holder:

<p>Helpende Hand se bankbesonderhede</p> <p>Bank: ABSA Rekeningnaam: Solidariteit Helpende Hand Takkode: 632005 Rekeningnommer: 407 225 0017</p>	<p>Helping Hand's account detail</p> <p>Bank: ABSA Account name: Solidariteit Helpende Hand Branch code: 632005 Account number: 407 225 0017</p>
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Magtiging aan bank Handtekening: _____

Ek/ons versoek en magtig u of u gemagtigde agent hiermee om die nodige bedrag vir betaling van die maandelikse premie ten opsigte van lidmaatskap teen my/ons rekening by bogenoemde bank (of enige ander bank/tak waarna ek/ons rekening mag oorplaas) te debiteer. Alle sodanige onttrekkings van my/ons bankrekening sal geag word persoonlik deur my/ons onderteken te wees.

Ek/ons onderneem om die bankkoste verbonde aan hierdie opdrag te betaal, en magtig u om die waarde daarvan te verhaal ooreenkomstig die heersende tarief van die Suid-Afrikaanse Klaringsbank ten tyde van onttrekking. Ek/ons verstaan dat:

1. die debietorder hiermee gemagtig deur 'n rekenaar verwerk sal word;
2. besonderhede van elke onttrekking op my/ons bankstaat of bygaande bewysstuk getoon sal word; en
3. **die verpligting om te verseker dat my/ons maandelikse premies wel deur u ontvang word, steeds my/ons verantwoordelikheid bly, nieëtaande die toekenning aan u van hierdie debietordermagtiging.**

Ek/ons onderneem van tyd tot tyd my/ons daarvan te vergewis dat die nodige bedrag betaalbaar vir die maandelikse premies ten opsigte van bogenoemde lidmaatskap wél ingevolge hierdie debietordermagtiging deur u onttrek is, en ek/ons teken hiermee aan dat u aanvaarding van hierdie debietordermagtiging geensins enige las op u plaas om te verseker dat die maandelikse debietorders van die bedrag waarna hier verwys word, wél plaasvind nie.

Hierdie magtiging sal ten volle van krag bly totdat dit deur my/ons gekanselleer word deur skriftelike kennisgewing van 30 dae per aangetekende pos aan u te stuur, maar ek/ons verstaan dat ek/ons nie op enige terugbetaling van enige bedrag wat u onttrek het terwyl hierdie magtiging van krag was, geregtig sal wees nie, tensy ek/ons kan bewys dat enige sodanige bedrae nie wetlik aan u verskuldig was nie. Ontvangs van hierdie opdrag deur u sal geag word ontvangs daarvan deur my/ons bank te wees.

Authorisation to bank Signature: _____

I/we hereby request and authorise you or your authorised agent to draw against my/our account with the above-mentioned bank (or any bank/branch to which I/we may transfer my/our account) the amount necessary for payment of the monthly premium due in respect of the above-mentioned membership.

All such withdrawals from my/our bank account shall be treated by you as though they had been signed by me/us personally. I/we agree to pay the bank charges in connection with these instructions and the costs thereof in accordance with the South African Clearing Bank's tariff in force at the time. I/we understand that:

1. the withdrawals hereby authorised will be processed by computer;
2. details of each withdrawal will be reflected on my/our bank statement or the accompanying voucher; and
3. **the obligation to ensure that my/our monthly premiums are received by you remains with me/us, despite granting to you of this debit order authority.**

I/we undertake to satisfy myself/ourselves from time to time that the amount necessary for payment of the monthly premiums due in respect of the above-mentioned membership are duly drawn by you in terms of this debit order authority, and I/we record that your acceptance of this debit order authority in no ways places any onus on you to ensure that the money that the monthly withdrawals of the amount referred to herein are made.

This authority shall remain in full force and effect until cancelled by me/us by giving you 30 days' written notice thereof, sent to you by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of any amount which you have withdrawn while this authority was in force unless I/we can prove that any such amounts were not legally owed to you. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank.