

House Nr.1 P.O. Box 1492
 Factory Street Malalane
 Malalane 1320

Tel: 0027 (0)72 097 0913
 Mobile: 0027 (0)82 494 9709
 Email: desmond.nkosi@yahoo.co.uk



Plot 7 P.O. Box 990497
 Lenasia Road Kibler Park
 Eikenhof 2053

Tel: 0027 (0)82 380 2676
 Fax: 0027 (0)86 664 5990
 Mobile: 0027 (0)82 494 9709
 Email: amazinggrace@iburst.co.za

Please complete and fax to 0027 (0)86 537 7121 or e-mail to lewis@remex.co.za

PERSONAL DETAILS

Title _____ Initials & Surname _____
 First Name _____ Company Name _____
 ID number _____ Company VAT Nr _____
 Cell Number _____ Company Registration Nr _____
 Other contact number _____ Email Address _____
 Physical Address _____
 _____ code _____
 Postal Address _____ code _____
 Where did you hear about us? AGCH Representative Website Event Word of Mouth

PAYMENT OPTION

Amazing Grace Diamond Sponsors – Once off (each incl. Sid Forman designer jewellery peace)

Platinum: R 100,000 or greater R _____ Silver: R 50,000
Gold: R 75,000 Bronze: R 25,000

Payment options

Payment term: 4 x installments 3 x installments 2 x installments 1 x installment
 Payment form: Cash EFT Cheque Credit Card Once off account Debit

Credit Card Payments: Please request details from the Amazing Grace office or your representative.

AUTHORISATION

Debit order authority

Account holder name _____ Bank _____
 Branch name _____ Branch code _____
 Account number _____ Type of account: Current (cheque) Savings Transmission

I/ we hereby instruct and authorise the Amazing Grace Children's Home to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the amounts as indicated above in respect of this partnership for the 'Payment tem' as stated above and continuing until the entire 'Once off' amount is obtained. I request, instruct and authorise the Amazing Grace Children's Home to re-submit my debit order(s) on a date to be decided by the Amazing Grace Children's Home in the event that the said debit order(s) is/are returned unpaid. I/We agree to pay any bank charges relating to this debit order instruction. Receipt of this instruction by the Amazing Grace Children's Home shall be regarded as receipt thereof by my/our bank (whichever it is or will be). I /we acknowledge my right to at any time request the latest audited financials of Amazing Grace Children's Home for me / us to review.

ASSIGNMENT:
 I/We acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

Signed at _____ on this _____ day of _____ 20 _____
 SIGNATURE (bank authorised)

NAMES

Please nominate a friend / partner

_____ EMAIL _____
