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 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

Office use: _____ # _____

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

Monthly Debit Order
 Monthly debit amount: R 1,500 pm R750.00 pm R400.00 pm Own amount R _____ pm
 Deduction day of each month: 1st 15th
 1st debit order date _____
 OR / AND
 Once off cash donation
 Once off amount: R 20,000 R10,000 R5,000.00 Own amount R _____
 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 on the 1st or 15th day of each and every month commencing on the '1st debit order date' as stated above and continuing until cancellation of this partnership. 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