



APPLICATION FORM

To join, please complete the application form below and fax to (011) 786 4670 or post it to PO Box 71372, Bryanston, 2021 or scan and email to join@asambe.co.za
Customer service number: 0861 555 999
Reg no.: 1997/12177/07



PERSONAL DETAILS

Bank debit order instruction

Name: _____ Surname: _____

ID number: _____ Sex *M / F*: _____

Resident of South Africa: Yes No If not: _____

Employer: _____ Branch: _____

Address: _____ Contact No.: _____

_____ Work No.: _____

_____ Email: _____

Marital status: *Single / Married / Divorced /*

Widowed: _____ Abbreviated name as registered with the bank: ASAMBE

BANKING DETAILS (for debit purposes)

Bank name: _____ Branch: _____

Account number: _____ Type of account: Current Transmission Savings

Debit order start date: _____ Monthly amount (Minimum R200): _____

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned account at my / our above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above. The individual payment instructions so authorised to be issued must be issued and delivered as follows

i. On the _____ day ("payment day") of each and every month commencing on _____. In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day.

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. 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.

MANDATE

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

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.

ASSIGNMENT

I / We acknowledge that this Authority may be ceded to 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.

Signed at _____ on this _____ day of _____ 20 _____

Signature: _____ SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS

*Who acknowledges the terms and conditions of the THE TRAVEL CLUB (copy available on request) and abides by them.

Assisted by: _____

FOR OFFICE USE

AGREEMENT REFERENCE NUMBER

This Agreement reference number is: _____