



AUTHORITY AND MANDATE FOR PAYMENT INSTRUCTIONS

A. AUTHORITY

GIVEN BY: (NAME OF ACCOUNT HOLDER)

_____ (ADDRESS)

_____ (ID NUMBER)

BANK ACCOUNT DETAILS:

BANK NAME: _____

BRANCH NAME OR NUMBER: _____

ACCOUNT NUMBER _____

TYPE OF ACCOUNT: CURRENT (CHEQUE) / SAVINGS / TRANSMISSION) *

*(SELECT WHERE NOT APPLICABLE)

DATE: _____

TO: (NAME OF BENEFICIARY) **JUNGLE GYM WORLD CC**
Reg: 1999/059650/23

(ADDRESS) **Unit 3, 462 Taljaard Street, Hermanstad, Pretoria, 0082**

REFER TO OUR CONTRACT DATED _____ ("the Agreement")

1. I/We hereby authorize you to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned bank on condition that the sum of such payment instructions will never exceed my/ our obligations as agreed to in the Agreement.
2. The individual payment instructions so authorized to be issued must be issued and delivered monthly/bi-monthly/three-monthly/six-monthly/annually/weekly/bi-weekly* (interval) on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due.

*(delete what is not applicable)



3. The payment instructions so authorized to be issued must carry a number, which number must be included in the said payment instructions and if provided to you should enable you to identify the Agreement. The said number should be added to this form in section E before the issuing of any payment instruction and communicated to me directly after having been completed by you.
4. I/we agree that the first payment instruction will be issued and delivered on or after **1st of each month**. Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me/us by giving you notice in writing of not less than the interval (as indicated in clause 3 above) and sent by prepaid registered post or delivered to your address indicated above.

B. MANDATE

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

C. 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 I/we also understand that I/we cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts were legally owing to you.

D. ASSIGNMENT:

I've acknowledged that the party hereby authorized to affect 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 authorized party.

E. DEBIT ORDER RETURN:

Admin fee will be charged for any returns of a debit order to cover the banking fee.

It is within the control of the customer to avoid these penalties and to ensure sufficient funds are available on the date agreed.

Admin cost of debit order returned is **R 250-00** per return.

NOTE: The NAEDO and/or EFT user may add to the above minimum requirements.

Signed at PRETORIA on this _____ day of _____

CLIENT / AUTHORISED SIGNATURE

OFFICE USE ONLY

ASSISTED BY
SIGNATURE

CAPACITY



AGREEMENT REFERENCE NUMBER / ACCOUNT NUMBER: _____