

NEW APPLICATION     Changes for directory    **Date:** \_\_\_\_\_

**SECTION 1: MEMBER CONTACT INFORMATION**

<b>TITLE</b>			
<b>NAME</b>			
<b>TOWN/CITY</b>		<b>e-mail</b>	
<b>Place of Employment</b>		<b>ID Number</b>	
<b>MOBILE NUMBER</b>		<b>WORK CONTACT NR</b>	

**SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS**

MEMBERSHIP	DESCRIPTION	MEMBER-SHIP FEES (Monthly)
<b>FULL</b>	Full Membership	R60
<b>PAYMENT METHOD</b>	<input type="checkbox"/> Debit Order (R60 Monthly) [Payment options: Recurring payment arranged with bank <b>OR</b> Debit or Credit Card, EADO transaction also available] <input type="checkbox"/> Direct EFT Payment or Card (R120 Once-off, sign up Admin Fee) PANDO (PTY) Ltd FNB Savings Account, Account nr <b>62838107812</b>	

**SECTION 3: REFERRAL INFORMATION**

**WHERE DID YOU HEAR OF PANDO?**

Please supply Member/Business bank account details:

**BANK :** \_\_\_\_\_  
**ACCOUNT NAME :** \_\_\_\_\_  
**ACCOUNT NO. :** \_\_\_\_\_ **BRANCH CODE :** \_\_\_\_\_  
**TYPE OF ACCOUNT :** \_\_\_\_\_ (savings, current, transmission)

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 above mentioned 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.

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. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account; 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 payment of R60 per month issued by Pando Pty(Ltd) 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. All cancellation has to be made on the 1<sup>st</sup> of the month, with 30 days notice.

**ASSIGNMENT**  
 I/We acknowledge that this Authority may be ceded to or assigned to a third party for the purpose of Recurring collection. (R60 per month)

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

**SIGNATURE AS USED FOR SIGNING for the ACCOUNT** \_\_\_\_\_

**OFFICE USE ONLY**

**MEMBER NUMBER** \_\_\_\_\_ **CARD NUMBER** \_\_\_\_\_

**REFERRAL MEMBER** \_\_\_\_\_ **PD DATE** \_\_\_\_\_ **ENTRY PLACING IF AVAILABLE** \_\_\_\_\_