

THANK YOU FOR PARTNERING WITH TBN IN AFRICA

TITLE: _____ NAME: _____

SURNAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

TEL: (H) _____ (W) _____

EMAIL: _____

☐ PLEASE PLACE ME ON YOUR DATABASE SO I CAN RECEIVE UPDATED INFORMATION.

DEBIT ORDER DETAILS

I WISH TO DONATE BY DEBIT ORDER THE AMOUNT OF R. _____

☐ ONCE-OFF SPONSOR ☐ MONTHLY SPONSOR

CHOOSE PREFERRED DATE OF YOUR DEBIT ORDER: ☐ 1ST ☐ 15TH ☐ 31ST OF EACH MONTH

ACCOUNT NUMBER: _____

ACCOUNT HOLDER'S NAME: _____

TYPE OF ACCOUNT: (CHOOSE ONE) ☐ CURRENT ☐ TRANSMISSION ☐ SAVINGS ☐ CHEQUE

BANK: _____ BRANCH NAME: _____

BRANCH CODE: _____ DATE: _____

SIGNATURE: _____

I/We acknowledge that the party hereby authorized to affect the drawing(s) against my/our accounts may not cede or assign any of its rights to any third party without my/our prior consent and that I/we may not delegate any of my/our obligations in form of the contract/authorization to any third party without prior written consent of the authorized party.



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