



Tel +27 12 322 2081

Web www.tocare.co.za E-mail info@tocare.co.za

Physical Address Barton Keep Building, 218 Jacob Maré Street, Pretoria, 0002

Postal Address PO Box 5777, Pretoria, 0001

Please print, complete and fax to 086 544 9235 or scan signed form and e-mail to info@tocare.co.za

PERSONAL DETAILS

Title, Surname, Initials, First name, ID number, Name by which known, Residential address, Cell number, Postal address, Email address, Province, etc.

PAYMENT OPTION

OPTION A – Monthly Debit Order, Initial term of debit order: 12 months, R per month, Deduction day of each month, Option B – Once off payment, Once Off payment amount R

Method of Payment: Bank deposit or Electronic Funds Transfer, Bank account details: To Care Foundation (under Section 21), ABSA Bank, Business account no: 40-7119-9298, Pretoria East branch code: 634156, For Internet payments, branch code: 632005, Reference: Individuals – use your first name and surname. Corporates – use the trading name of your business.

AUTHORISATION

Debit order authority (Complete only if you have selected Option A), Account holder name, Bank, Brand name, Branch code, Account number, Type of account: Current (cheque), Savings, Transmission

I/ we hereby instruct and authorise To Care, or an collection agent appointed by To Care, 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.

* cancellation: This authority may be cancelled by me / us by giving To Care thirty days notice in writing, sent by prepaid registered post, but I / we understand that I / we shall not be entitled to any refund of amount which To Care have withdrawn while this authority was in force if such amounts were legally owing to To Care.

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 PARTNER SIGNATURE (as used for signing cheque)