DEBIT ORDER INSTRUCTION

To: **The Democratic Alliance, PO Box 1475, Cape Town, 8000**

I/We hereby request, instruct and authorise you to draw against my/our account with the under-mentioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum

of R _____ _____

(Amount in numerals) (Amount in words)

on the _____ / last working day of each month, commencing on the _____day of _____ 20_____

This instruction is to remain in force until cancelled by me in writing.

User reference: _____ (NHO use only)

Personal Details:

Full Name*_____

ID Number ☐☐☐☐☐☐☐☐☐☐☐☐☐ DOB Y Y Y Y M M D D

Telephone*_____

Cellphone _____ Fax _____

Email _____

Physical Address*_____

_____

_____

Postal Address* _____

_____

_____

Account Details (Fill in either section A or section B)

A. Cheque, Savings or Transmission Account

Name of Account Holder* _____

Name of Bank* _____

Branch Code* _____

Account Number* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Type* Current ☐ Savings ☐ Transmission ☐

B. Credit Card Account

Name of Card Holder* _____

Card Number* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Card Type* ☐ Visa ☐ Mastercard ☐ Diner's Club ☐ Other _____

Card Expiry date* M M D D Security Code* (where applicable) ☐☐☐

Signature* _____ Date* _____ * Mandatory Fields

Visitor Name* _____ Responsible MP/MPL* _____

Province / Region Name* _____