

II.

the bank's official stamp on the form

## (Please tick the applicable box)

New Application	Amendment										Cancellation															
	PERSONAL DETAIL																									
Surname/Company name :																						L	I			
First name :																						L	I	L		
Postal address:																						L	I	L		
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Telephone numbers, incl. mobile	:																						I			
E-mail address:																						I				
MUNICIPAL ACCOUNT DETAILS																										
Account number:																										
Premise address:																						I	I	I		
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Name of Bank			Т	Т	BAI	NIN	וט	= 1 /	AIL	. <u>S</u>	l	Т	T	T	T	┪				Τ	T					
Name of Bank Account Holder																										1
Bank Account Number												Ī	Ī													
Branch Code							1										Of	fici	al l	har	nk d	date	e st	tam	n	
Current / Savings Account						I				1								1101	0.1	0011			, ,			
*Maximum deduction amount:	Ь							4			4 - 1															
maximum deduction amount:	R					(	curr	ent	∷piu ⊐ r	s ins	tair	neni	.)		L		_	_					_	_		
Date of deduction - ✓ Applicable	box	pox 7 <sup>th</sup> of the Month 15 <sup>th</sup> of the Month								th	Last day of the Month															
(Note: These are the only applicable dates currently available)																										
TERMS AND CONDITIONS																										
AUTHORITY: I/We hereby authorise the City of Cape Town to:  1. Debit my/our bank account each month by no later than two working days after the "date of deduction" specified above, with the amount payable on the due date as stated on my/our monthly statement or;														te as												
2. Debit my/our bank account each month by no later than two working days after the "date of deduction" specified above, with all amounts due (including any arrear amounts due) up to and not exceeding the maximum amount indicated above.													rrear													
*NB:  • Failure to specify a maximum deduction amount authorises the City of Cape Town to deduct the total amount due.  • The debtor shall remain responsible for the payment of any shortfall arising from this transaction.																										
<ol><li>Periodically adjust this maximum dedu</li></ol>	uction by a	iny per	cent	age ir	ncreas	e in	tarif	fs ap	plica	ble to	any	serv	ice p	rovi	ded t	o me	as a	ppr	oved	l by t	he C	ity of	f Cap	ie To	wn.	
Note: The City of Cape Town reserves the right to cancel the debit order arrangement after first unsuccessful run due to failure of the applicant. It is the responsibility of the applicant to ensure that sufficient funds are made available for the debit order to run successfully from the first month of the arrangement. It is the responsibility of the customer to ensure that the debit order arrangement is cancelled when the arrangement period has ended.  I/We understand that the debit order hereby authorised will be reflected on my/our bank statement or on an accompanying voucher. I/We agree to pay any bank charges relating to this debit order instruction, including any charges incurred as a result of this debit order being dishonoured by my/our bank.																										
I/We may revoke or change this debit order giving the City of Cape Town sixty days (60 days) written notification. All payments received in terms of this authorisation will be accepted by the City of Cape Town without any prejudice to its rights.																										
Signed at	on this			d	ay of									_20_												
Signature Please ensure the information supplied is correct	_ and pleas	e attac	hed 1	the fo	ollowi	ng:																				
I. A certified copy of your Identity Docu	•					٠٥.																				

Proof of your bank details either: i) a transaction record of your current or savings account; or ii) have the bank details on this form certified by your bank, include