



ZIMBALI ESTATE MANAGEMENT ASSOCIATION

ZIMBALI COASTAL RESORT • P. O. BOX 1 • ZIMBALI • 4422
TEL: 032 – 538 4242 • FAX: 032 – 538 1910
WEBSITE: www.zimbaliestate.com
REGISTRATION NO. 1995/000581/08
VAT REG NO: 4800 158 638

DEBIT ORDER AUTHORISATION

From : _____
Customer Account : _____
Date : _____
To : ZIMBALI ESTATE MANAGEMENT ASSOCIATION
PO Box 1
Zimbali
4422

Dear Sir/Madam,
The details of my/our bank account are as follows:-

Bank : _____
Branch Name & Town : _____
Branch Number : _____
Account Number : _____
Type of Account : _____

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

(Figures and Words)

Or any amount due and necessary for payment of the monthly expenses due in respect of the above mentioned Association on the 1st day of each and every month.

All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/We agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by me/us by giving you thirty (30) days notice in writing, sent by prepaid post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

Signed at _____ this _____ day of _____ 20_____

(Signature as used for signing cheques)

(Capacity)

(Assisted by – where legally necessary)

NOTE: A cancelled cheque should be attached for bank identification purposes. (Current accounts only)

Directors: P. de Syva (Chairman), J.Whitehead, D.Manly, K.Forbes, R.Smit (Vice Chairperson), *H.Greyling, G. Larson, E. Nkosi, W. Witthuhn, B.Forster

Alternate: *A.Parker

