



2001/000152/08 (Association incorporated under Section 21)
 NPO – 014-535, PBO 18/11/13/2003
 Accredited by the Hospice Palliative Care Association
 Practice Number: 0790000599808

DEBIT ORDER AUTHORISATION FORM

Personal Information:

Full Name:
 Address: Code.....
 Tel No (H).....(W).....(F).....
 Email address.....Cell.....

Bank Account Details:

Account Holder.....
 Account No.....Account Type.....
 Bank.....Branch name.....Branch code.....

MONTHLY DEBIT ORDER DECLARATION:

Please debit my / our account with the total amount below together with all relevant charges for payment towards the support services provided by Lambano Sanctuary.

| | |
|---|---------------|
| Admin Expenses | R..... |
| Lambano Sanctuary Homes | R..... |
| Lambano Sanctuary Hospice | R..... |
| Educational costs | R..... |
| TOTAL DONATION MADE TO LAMBANO SANCTUARY | R..... |

Total amount in words.....

I/We hereby request, instruct and authorize the above mentioned bank to draw against my/our account the stipulated amount on a monthly basis. I/We undertake to ensure that adequate funds are available in the bank account detailed in this form, to cover the amounts due in terms of this Debit Order Authorisation Form. I/we agree to pay any bank charges relating to this debit order instruction. I/We understand that all such withdrawals from my/our bank account by the bank shall be treated as though they had been signed by me/us personally.

This payment is to be effective as from the/...../.....and thereafter monthly until further notice in writing.

Signature:.....Date Signed.....Place.....

Donations made to LAMBANO SANCTUARY are TAX-DEDUCTABLE and TAX-CERTIFICATES are issued on request on a monthly or yearly basis.