

MADRASSA AN-NOOR FOR THE BLIND

A Specialist Islamic Institute for the Visually Impaired

PBO No: 930022978



DEBIT ORDER FORM

Personal Details

Full Name: _____

Address: _____

_____ Postal Code: _____

Tel (H): _____ Tel (W): _____ Fax: _____

Cel: _____ Email: _____

Bank Account Details

Account Name: _____

Account No: _____ Account Type: _____

Code: _____ Branch: _____ Bank: _____

Please debit my/our account with the amount of R _____ as Lillah.
(in words) _____

on the 30/mm/20yy (date) and thereafter on the 30th day of each month until
cancelled by me/us in writing to: Madressa Noor for the Blind

I/We hereby request, 'instruct' and authorise Madressa Noor for the Blind to draw against
my/our account with the abovementioned bank stipulated amount. I/We understand that all
such withdrawals from my bank/our bank account by you shall be treated as though they had
been signed by me/us personally.

I/We understand that the withdrawals hereby authorise will be processed by computer through
a system known as the ACB Magnet Tape Service and I/We also understand that details of each
withdrawal will be printed on my bank statement or on accompanying voucher. This authority
may be cancelled by me/us by giving you thirty days notice in writing. I/We shall not be
entitled to any amounts, which you have withdrawn in terms of the above transaction while
authority was in force.

Signature: _____ Place: _____ Date: dd/mm/20yy

Please complete and fax to 033 3979 331