

Debit Order Mandate

Company: (if any)		Name & Surname:	
Vat No: (if any)		ID Number:	
Postal Address:		Telephone:	
		Fax:	
	code	Mobile:	
		Email:	

My/Our Account details are as follows: (Account for debit order)

Bank Name:		Branch Name:	
Account Name:		Branch No:	
Account Number:		Account Type:	

Payment amount for Corporate and Associate Members

R 59-00 (Fifty Nine Rands) Per Month

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement").

I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our above mentioned account at my / our above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 30 ordinary working days, and sent in writing.

**The individual payment instructions so authorised to be issued must be issued and delivered as follows:
On the first day ("payment date") of each and every month.**

In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a reference. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you and also accept liability for costs incurred in trying to collect outstanding amounts.

MANDATE: I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally. The payment amount may be adjusted periodically by not more than 15% with prior notification in accordance with the SAPI Constitution.

CANCELLATION: I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. 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.

ASSIGNMENT: I / We acknowledge that this Authority and Mandate has been ceded to Netcash (Pty) Ltd or any other Institute as appointed by SAPI and acknowledge the Authority that HOZ (Reg:2005/079022/23) is mandated to Administer and Collect on behalf of the South African Planning Institute.

Signed _____ on this _____ day of _____ month _____ year

For Official Use

Date Received:	_____
Received All Documents:	_____
Date Approved by Region:	_____
Date Approved by National:	_____
Membership No:	_____

NOTE: All Signed Debit Order Mandates must be emailed to debitorders@sapi.org.za or faxed to **086 514 9673**