

Please fax or email completed debit order for attention: Nomahlubi Amisi Fax: (021) 659 2690 Phone: (021) 659 2494 Email: creditcontrol@juta.co.za

CANUTHORITY - CUSTOMER DETAILS Account Number ID/Reg no. Name											
Name	(A)AUTHORITY - CU	STOMER DETAILS									
Address Code Invoice No. Code DETAILS OF MY/OUR BANK ACCOUNT ARE AS FOLLOWS: Bank Branch Name Transmission Savings Branch Name Type Cheque Transmission Savings Branch Number Type Cheque Transmission Savings Account Number Account Number JUTACOMP Savings Savings Account Number This signed Authority and Mandate refer to our contract datad ('the Agreement') Intervent Number Intervent Number Savings Account Number This signed Authority and Mandate refer to our contract datad ('the Agreement') Intervent Number Interven	Account Number			ID/R	.eg no.						
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Abbreviated Name (Registered at bank) JUTACOMP This signed Authority and Mandate refer to our contract dated above-mentioned Bank (or any other Bank or boranch to which live may transfer my/our acound) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and is deduced on the 1 ^o of each month. and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days. The individual payment instructions so authorized to be issued must be issued and delivered as follows: monthly, over a period of 6 monts or 12 monts in In the event that the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. /// We understand that the with/drawals hereby authorized will be pricessed through a computerized system provided by the South African Banks. I also understand that details of each with/drawal will be pricessed through a computerized system provided by the South African Banks. I will we acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally. (C) Cancellation (C) Cancellation I/We acknowledge that all hayment instructions issued by you shall be treated by my/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any payment instructions issued by we wilk 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 this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that party, but in the absence of such assignment of the Agreement this	Branch Number			Туре	Cheque		Transmission		Savings		
(Register d at bank) JUTACOMP This signed Authority and Mandale refer to our contract dated	Account Number										
I herebý authorize ýou to issue and deliver payment instructions to your Banker for collection against myöur above-mentioned account at myour above-mentioned Bank (or any other Bank or branch to which I/we may transfer myöur account) on condition that the sum of such payment instructions will never exceed myour obligations as agreed to in the Agreement and is deducted on the 1 st of each month. and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days. The individual payment instructions so authorized to be issued must be issued and delivered as follows: monthly, over a period of 6 months or 12 months in the event that the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. If we understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by merus personally. (C) Cancellation IWe agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. IWe 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. (D) Assignment IWe agree that although this Authority may be ceded or assigned to a third party. He Customer on this authorization. (F) A Juta subscription account will be opened for new customers subject to standard credit reference checks and approvals. (F) Advatuse the adven	(Registered at	JUTACOMP									
Signature as used for signing cheques Assisted dby///where delggld//yneccessary/) C@apaictycy NOTE: A cancelled cheque should be attached for bank identification purposes. (Cheque Accounts only) (G) Agreement Reference Number This Agreement reference number is Juta and Company. Ltd · Reg. No. 1919/001812/06 · VAT Reg. No. 4520113319 · Website: www.jutalaw.co.za 1st Floor, Sunclare Building, 21 Dreyer Street, Claremont, 7708 · PO Box 24299, Lansdowne 7779 · Docex Number DX 326, Cape Town · Tel: +27 21 659 2300, Fax: +27 21 659	I hereby authorize you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other Bank or branch to which <i>I</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 is deducted on the 1 st of each month. and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days. The individual payment instructions so authorized to be issued must be issued and delivered as follows: monthly, over a period of 6 months or 12 months or 12 months I he event that the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. <i>I/We</i> understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally. (C) Cancellation <i>I/We</i> agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. <i>I/We</i> 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. (D) Assignment <i>I/We</i> agree that although this Authority may be ceeded or assigned to a third party if the Agreement is also ceded or assigned to that party, but in the absence of such assignment of the Agreement this Authority and Mandate cannot										
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