



999 Mofokeng Str • Saulsville • P.O.BOX 231 • Atteridgeville • 0008
Tax: 012 375 8845 • Fax: 012 375 8845 • Email: leamogetswesh@yahoo.com

Personal Details

Name	<input type="text"/>
Postal Address	<input type="text"/>
Tel	<input type="text"/>
Fax	<input type="text"/>
Cell	<input type="text"/>
Email	<input type="text"/>
Date of Birth	<input type="text"/>

Banking Details

Bank: Standard Bank – Pretoria
Acc Holder: Leamogetswe Safety Home
Acc No: 010153276
Branch Code: 010045
Type: Cheque Account
Branch: Pretoria Church Square

MONTHLY DEBIT ORDER

Please deduct R_____ on the _____ day of _____
20____ and every month thereafter.

Account Holder: _____

Account Number: _____

Type of account: Cheque Saving Transmission Other (specify)

Bank: _____ Branch: _____

Branch Code: _____

10% Annual increase authorised:

Yes No

Acknowledgement Information

Signature: _____

Date: _____

Your signature is essential for the transaction to be activated.