



KLEINMOND SECURITY SYSTEMS CC
t/a Sandown Bay Security

FULL NAME:	
ID / COMPANY REG No:	VAT NO:
SECURED PREMISES:	
TEL:	
EMAIL:	
POSTAL ADDRESS:	CODE:
The following short name will appear on bank statement: SANDOWN	

BANK ACCOUNT DETAILS

ACCOUNT HOLDER:	
BANK:	BANK NAME:
BRANCH CODE:	ACCOUNT TYPE:
ACCOUNT NUMBER:	
Ref no:	

I/We hereby request, "instruct" and authorize you to draw against my/our account with the above-mentioned bank (or any other branch to which I/We may transfer my/our account) the amount of:

R _____, (amount in words) _____ on

the 1st/15th day of each month commencing on _____ -20 _____ and continuing (as the case may be).

And the yearly annual Radio Network Fee of R _____ (amount in words) _____ the 15th day of March each year. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I hereby agree that it is my duty to inform Sandown Bay Security of any personal or bank detail changes, in respect of the above mentioned agreement and continuing of payment until termination of our agreement or until cancelled by me in writing. Where invoices (example Technical invoices) are sent to me for manual payment and are not paid by myself within 7 days of invoice I instruct Sandown Bay Security to deduct these outstanding amounts via debit order instruction from my account. I hereby acknowledge and accept that any technical service fees not falling under the general warranty will be payable within seven (7) working days of completion of the service, failing which Sandown Bay Security reserves the right to draw against my bank account the amount due for any technical services. All such withdrawals from my account by Sandown Bay security shall be treated as though I had signed them personally.

The authority may be cancelled by me/us by giving you thirty days notice in writing, sent by prepaid registered post or email. I/We understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force of such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

ASSIGNMENT:

I/We acknowledge that the party hereby authorized to affect the drawing (s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent. I/we may not delegate any of my/our obligations in terms of this contract authority to any third party without prior written consent of the authorized party.

Signature of authorized accountholder: _____ Date: _____