PAGE 1 OF 3

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FAX 011 616 1178
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POSTAL P.O. BOX 59024, KENGRAY, 2100

PHYSICAL 14 GELDENHUIS ROAD, MALVERN EAST, 1401



# PLEDGE FORM ADOPTA CHILD

TO COMPLETE THIS FORM, PLEASE PRINT ITOUT, FILL INBOTH PAGES AND FAX TO FAX NO: 011 616 1178

OR SCAN AND E-MAIL TO: admin@uifoundation.co.za

Kindly print clearly in block capitals, using black or dark blue ink to ensure legible fax transmission

**DONOR INFORMATION** 

Name					
Telephone (cell)					
Telephone (business)					
Fax					
Email					
	PLEDGE INFORMATIO	)N			
I would like to 'adopt' (child's name)					
from PEBBLES PRIMROSE - Adopt A Child with a monthly pledge of:					
Please indicate how involved you would like to be:					
Receive an update on your chosen child's progress. (twice a year)					
Receive an invitation for the child's birthday at school.					
Receive an invitation to the year end concert.					
Subscribe to our quarterly newsletter on all the initiatives involved with UKWAKHA ISIZWE.					

## PAYMENT OPTIONS Please indicate your intended method of payment by ticking the appropriate box and complete the requested information where applicable. 1. DIRECT DEPOSIT OR ELECTRONIC TRANSFER Account name: Ukwakha Isizwe Foundation • Account No: 1002758351 (current account) Bank: Nedbank • Branch: Eastgate • Branch Code: 192405 Please use your name as the beneficiary reference. 2. DEBIT ORDER/CREDIT CARD BANK DEBIT ORDER INSTRUCTION / CREDIT CARD AUTHORITY Name: Date: Address: Contract No.: R600 Debit Amount: Commencement Date: Abbreviated name as Contact No: Ukwakha registered with the bank: Dear Sirs/Madams The details of my/our account are as follows: BANK: CARDHOLDERS NAME : BRANCH TOWN: CARD NUMBER: BRANCH NO.: EXPIRY DATE: ACCOUNT CVV NUMBER: NAME.: ACCOUNT NO.: (three digit number on back of card) TYPE OF A/C: CARD TYPE: (savings, current, transmission) (master card, visa) 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 abovementioned 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 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above. The individual payment instructions so authorised to be issued must be issued and delivered as follows day ("payment day") of each and every month commencing on i. On the . 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;

- ii. Monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less that the obligation due;
- iii. Bi-monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less that the obligation due;
- iv. Three-monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less that the obligation due;
- v. Six-monthly; on or after the dates when the obligation in terms of the Agreement is due ant the amount of each individual payment instruction may not be more or less than the obligation due;
- vi. Annually; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;
- vii. Weekly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;
- viii. Bi-weekly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due.

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 number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. 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.

#### **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.

#### **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

ASSIGNMENT				
	hat this Authority may be cede party, but in the absence of s o any third party.			
Signed at	on this	day of	20	
	ED FOR SIGNING CHEQUE	S OR CREDIT CARD VOUC	HERS	
Assisted by: FOR OFFICE USE AGREEMENT REFE This Agreement refer	RENCE NUMBER rence number is:			