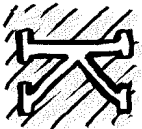


ABULANI



HAKIBOS



IDS

Registration: 0277700 Non Profit Organization
Public Benefit Organization Section 18A : 930 015 979
VAT Number: 4780218485



P.O. BOX 81, MODDERFONTEIN, 1645
1 HIGH STREET, BEREA, 2198
+ 27 (0) 83 703 6211 (Cell)
+27 11 642 0735 (Tel)

ABSA, EASTGATE (632005) ACC NO: 405 774 8736
www.jkk.za.org

+27 11 642 0736 (Fax)
jabulanihakiboskids@yahoo.com

DEBIT ORDER INSTRUCTION AND AUTHORISATION

PERSONAL DETAILS OF CLIENT			
FULL NAMES AND SURNAME:			
ID NUMBER: OR CO REG NO			
POSTAL ADDRESS:			
PHYSICAL ADDRESS: (If different from postal)			
TELEPHONE	CODE:	NO:	
CELL			
FAX NUMBER:	CODE:	NO:	
E-MAIL:			
BANK DETAILS OF CLIENT AND COLLECTION INSTRUCTION			
NAME OF ACCOUNT HOLDER:			
AMOUNT TO BE DEBITED:	R		
ACCOUNT TYPE:	CURRENT	SAVINGS	CREDIT CARD
ACCOUNT NUMBER:			
BANK NAME:			
BRANCH NAME:			
BRANCH NUMBER:			
DEDUCTION DATE:			

PLEASE NOTE THAT A PENALTY OF R50 WILL BE CHARGED PER UNPAID DEBIT

I/We, the client or the duly authorized representative thereof (The Client) hereby authorize Jabulani Khakibos Kids and/or its agents, to collect by means of electronic debit from the above account or from any other account in the name of the client at the same or any other bank, all or any monies due by the client to the user, as principal debtor or surety or for any other reason, and to pay the same to the user. The authority so given is restricted to the amount mentioned above as the "limit per month" and may be deducted on the mentioned deduction date or within 7 working days thereafter.

I accept the following to be applicable hereto:

- This authorization may only be withdrawn with 30 (thirty) days written notice to the user at its physical address.
- I and/or the client, individually and collectively, indemnify and hold harmless the User and/or its agents against any claim of any nature arising from electronic debit or transfer or from any other cause following this authorization and irrespective whether such authorization had been withdrawn.
- In the event of the relevant account not having sufficient funds to meet any debit, I am aware that a fee will be debited against the client's account by the bank and the user relating to the return of the debit and I accept the responsibility to ensure sufficient cleared and available funds to the minimum of the limit above (or as amended from time to time)
- Any reference to the entries above includes a reference to any successor in title or in appointment
- This authorization is not an amendment to any specific arrangement regarding payment of accounts and serves merely as and arrangement as to the method of payment, in part or in full, and any account with the user needs only to be credited once actual payment is received by the user, and
- Should any dispute arise about the user's right to collect any amount in terms hereof, the client shall have the onus to instruct his bank to refuse or return any debit as unpaid.

SIGNATURES OF ACCOUNT HOLDER

SIGNED _____

Full names _____

Day _____ Month _____ Year _____ Signed at _____

DETAILS OF USER OF DEBIT ORDER SYSTEM ON WHOSE BEHALF PAYMENT IS BEING COLLECTED

JABULANI KHAKIBOS KIDS (AS PER FULL DETAILS ABOVE) CODE: _____

He who is kind to the poor, lends to the Lord and He will repay in full measure

Proverbs 19:17