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ABRAHAM KRIEL
Kinderhuis Maatskappy
Children's Home Company
Nylstroom
(Registrasienuommer/Registration Number: 2001/025360/08)

Private Bag X1033
Modimolle 0510
Tel: 014 717
Fax: 014 717 3659

OSW No./NPO Nr.: 009-359

DEBIT ORDER INSTRUCTION

HEREBY I GIVE PERMISSION THAT MY BANK ACCOUNT MAY BE DEBITED EVERY MONTH AS FOLLOWS:

TITLE, INITIALS AND SURNAME: _____

POSTAL ADDRESS: _____

TELEPHONE AND/OR CELL PHONE: _____

BANK _____

BRANCH CODE _____

ACCOUNT NUMBER _____

ACCOUNT TYPE (SAVINGS/CHEQUE) _____

AMOUNT PER MONTH _____

STARTING DATE (1ST OF MONTH) 01/ _____ / 200__

SIGNATURE: _____

THIS IS A NEW DEBIT ORDER:
HEREBY I CHANGE MY EXISTING DEBIT ORDER:
(Tick which is applicable)

Fax or post OR email this form for attention: Irene Breedt
Email to : akk2@esnet.co.za
Fax: 014 717 3659