



STUDIEMEESTER T/A STUDIEMEESTER

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| Pakket 1 Studiemeester Subs Graad 1 - 3 R130-00 per leerder p/m | Pakket 2 Studiemeester Subs Graad 4 - 12 R200-00 per leerder p/m |
|--|---|

Voltooi en stuur na: stacy@studiemeesterhulp.co.za

Debietorder ooreenkoms vir afbetaling van Studiemeester se jaarlikse fooi

Verkorte naam soos geregistreer by Bank: **STUDIE MEE**

Kliënt Informasie:

| | | | |
|--------------------------|--|-----------------|--|
| Naam (Ouer/Voog) | | Van (Ouer/Voog) | |
| ID Nommer | | | |
| Adres | | E-pos Adres | |
| | | Telefoon | |
| | | Selfoon | |
| | | Faks | |
| | | Skool Naam | |
| Bank Besonderhede | | | |
| Bank | | Rekening Houer | |
| Tipe Rekening | | Rekening Nommer | |
| Tak Kode | | | |

Kies

- | | | | |
|----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Graad 1 | <input type="checkbox"/> Graad 2 | <input type="checkbox"/> Graad 3 | <input type="checkbox"/> Graad 4 |
| <input type="checkbox"/> Graad 5 | <input type="checkbox"/> Graad 6 | <input type="checkbox"/> Graad 7 | <input type="checkbox"/> Graad 8 |
| <input type="checkbox"/> Graad 9 | <input type="checkbox"/> Graad 10 | <input type="checkbox"/> Graad 11 | <input type="checkbox"/> Graad 12 |

PLEASE NOTE: This contract can only be terminated once the outstanding amount of (R2000.00 or R1300.00 per year per child) has been paid in full. I _____ hereby undertake to pay the full Studiemeester package over 12 months.

This agreement will be valid for a minimum of one year (12 months). The contract must be cancelled in month 11 of the initial contract. If no cancellation is received the contract will automatically renew for another 12 months. (Grade12 is the only exception to the rule).

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.

PLEASE NOTE: Increase date will be effective from the 1st of February each year. The yearly fees will not increase by more than 10% per annum.

Signature: _____



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The individual payment instructions so authorised to be issued must be issued and delivered as follows

i. On the first day of each and every month commencing on _____. 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;

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. This agreement will be valid for a minimum of one year (12 months). The contract must be cancelled in month 11 of the initial contract. If no cancellation is received the contract will automatically renew for another 12 months. (Grade12 is the only exception to the rule) No notice or cancellation will be accepted within the first 12 months.

ASSIGNMENT

I / We acknowledge that this Authority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Amount: _____

Signed at _____ **on this** _____ **day of** _____ **20**_____

SIGNATURE AS USED FOR SIGNING CHEQUES

Assisted by:
FOR OFFICE USE
AGREEMENT REFERENCE NUMBER
This Agreement reference number is:
