

# Debit order mandate

Payment instruction *(Specify amount where applicable)*

	Total amount outstanding	Recurring payment	Total number of recurring payments
<b>Payment Plan C</b> <input type="checkbox"/>			<b>10 monthly payments starting 31 March and ending 31 December.</b>
<b>Payment Plan B</b> <input type="checkbox"/>			<b>4 quarterly payments on 31 March, 30 June, 30 September and 31 December.</b>

Student Number: \_\_\_\_\_

## Account holder details

Title: \_\_\_\_\_

Full names and surname: \_\_\_\_\_

RSA identity number or passport number \_\_\_\_\_ *(compulsory)*

Physical address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Telephone number: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Email address: \_\_\_\_\_

## Bank details

Name of bank \_\_\_\_\_ Name of Branch \_\_\_\_\_

Account Number \_\_\_\_\_ 6-digit bank code \_\_\_\_\_

Type of account Current  Savings  Transmission  Other \_\_\_\_\_

## Deductions

Deductions will occur on the dates indicated above.

## Declaration

I, the undersigned hereby authorize **The South African School of Motion Picture Medium and Live Performance (Pty) Ltd Reg no 1999/024588/07 ("AFDA")** to arrange with my bank (or any other bank to which I may transfer my account) to collect, by means of the debit order system, the payments in terms of the stipulations of this contract, payment in arrears and debt installments (as they may be amended from time to time/ where so requested) of the above-mentioned plan against my account. I undertake that should any payment be returned by my bank the payment will be re-submitted and will incur a R500.00 penalty fee

Signature of payer \_\_\_\_\_

Date \_\_\_\_\_ *(dd/mm/ccyy)*