

**GAUTENG-NOORD:
DIENSTE AAN PERSONE
MET GESTREMDHEID**

Dr. Savageweg 8 Dr. Savage Road
Posbus / PO Box 25631
Gezina 0031



001 – 425 NPO

**GAUTENG-NORTH:
SERVICES TO PEOPLE
WITH DISABILITIES**

Tel: 012 328 6447
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**Aftrekorder Borgskap-ooreenkoms
Debit order Sponsorship Agreement**

Borg / Sponsor

Titel / Title:	
Van / Surname:	
Volle name / Full names:	
ID nommer / ID number:	
Taal / Language:	
Posadres / Postal address	
E-pos adres / Email address:	
Kontaknommer / Contact number:	

Borgskap / Sponsorship

[Dui toepaslike keuse met X of vul eie bedrag in / Cross relevant block with X]

R100.00 p/m	R150.00 p/m	R200.00 p/m	R250.00 p/m	R300.00 p/m	Eie bedrag / Other amount: R.....	Enmalige donasie / Once-off amount: R
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Bankbesonderhede / Bank details:	
Rekeninghouer / Acc. Holder	
Bank	
Tak / Branch	
Takkode / Branch code	
Rekeningtipe / Account type	
Rekeningnommer / Account number	

Verklaring / Declaration:

Ek magtig SPD hiermee om my gespesifiseerde bankrekening maandeliks met die gekose bedrag van R..... te debiteer met ingang van diedag van[maand] Hierdie magtiging sal van krag bly totdat ek dit skriftelik kanselleer. Ek die ondergetekende verklaar en waarborg dat die inligting verstrek korrek is.

I hereby authorize SPD to debit my specified bank account monthly with the chosen sponsorship amount of R with effect from theday of[month]. This authorization will be enforced until such date when I cancel the sponsorship in writing. I declare and guarantee that the information provided is correct.

**Handtekening van rekeninghouer /
Signature of account holder.**

Datum / Date

Kindly complete and fax to 0865328137