



T 060 884 0875

PO BOX 3375  
STELLENBOSCH  
SOUTH AFRICA

# KiBWE

CARING FOR ORPHANS

w: <http://www.kibwekids.org/>  
e: [info@kibwekids.org](mailto:info@kibwekids.org)

## PERSONAL DETAILS

Name  Surname

ID nr / Company registration number

Email

Address

Town

Postal Code

## CHOOSE A MONTHLY AMOUNT

R50  R100  R300  R500 Own amount: \_\_\_\_\_

## BANK DETAILS

Account holder's initial & surname

Bank branch name  Branch code

Account number

Type of account

Commencement date (ccyy/mm/dd) date in month

Reference : KibweDonation  Franschhoek  Kayamandi  Somerset West  Main Account

This signed Authority and Mandate refers to our contract as dated 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. 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 business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to resubmit the debit order during the same month and re-present the instruction for payment as soon as sufficient funds are available in my account; **MONTHLY**; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due; 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 I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you. 92% of all funds received will go to the organisation as indicated above. 8% is retained by Cyrus Trust as a fundraising and management fee. **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. **ASSIGNMENT:** I / We acknowledge that this Authority and Mandate may be ceded to any 3rd party debit order collector.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE