



# Application form and Debit / Credit card Order Instruction and Authorisation

Please complete and fax this form plus a copy of your I.D. to SAFBAF Plus+ on  
Fax no. 086 693 3730 or 086 693 3726

## Personal details of Member

Membership Number       \* If currently a SAFBAF/SAVOF member and as provided by the Federation

Title  Initials  Name

Last Name

ID Number

Postal Add.  Postal Code

Physical Add.  Physical Code

Telephone (H)  Cell Number

Email

Club Name

## Bank details of Member and Collection Instruction

Account Type  Current  Savings  Transmission  Credit Card

Name of Account

Account Number  Branch Code

Bank Name  Branch

If Credit Card. Name on card

Credit Card Number

Bank Name

Credit Card CSV (last 3 digits on back of card)  Credit Card Expiry Date  /

## Deduction Details

I/We select the following services and authorize the deductions for the services as follows: (tick where applicable)

Full SAFBAF Plus+ Membership at R99.00 per month and Go Fish Debit card annual fee of R 65.00

SAFBAF Plus+ Family member R 29.00 per month and Go Fish Debit card annual fee of R 65.00 (Member # of Main Member )

Date of First deduction (A.S.A.P.)  /  / 20

## Terms and Conditions of Collection

I/We, the client or the duly authorized representative thereof ("the CLIENT"), hereby authorize the entity mentioned below ("SAFBAF Plus"), STRATCOL LTD and/or Kashbac Rewards (Pty) LTD and/or its agents, to collect by means of electronic debit from the above account all or any monies due by the CLIENT to SAFBAF Plus, as principal debtor or surety or for any other reason, and pay same to SAFBAF Plus. The authority so given is restricted to the amount mentioned above and may be deducted on the mentioned deduction day or within 7 working days thereafter.

I accept the following to be applicable hereto:

1. I and/or the CLIENT, individually and collectively, indemnify and hold harmless SAFBAF Plus, STRATCOL LTD and/or its agents against any claim of any nature arising from the electronic debit or transfer or from any other cause following this authorization and irrespective whether such authorization had been withdrawn or not;
2. In the event of the relevant account not having sufficient cleared funds to meet any debit, I am aware that a fee will be debited against the clients account by the bank and SAFBAF Plus relating to the return of the debit and I accept the responsibility to ensure sufficient cleared and available funds to the minimum of the limit above (or as amended from time to time);
3. Any reference to the entities above includes a reference to any successor in title or in appointment;
4. This authorization is not an amendment to any specific arrangement regarding payment of accounts and serves merely as an arrangement as to the method of payment, in part or in full, and any account with SAFBAF Plus needs only to be credited once actual payment is received by SAFBAF Plus;
5. Should any dispute arise about SAFBAF Plus right to collect any amount in terms hereof, the CLIENT shall have the onus to instruct his bank to refuse or return any debit as unpaid; and
6. This authorization may only be withdrawn with 30 (thirty) days written notice to SAFBAF Plus at its physical address.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Contract No. \_\_\_\_\_



Fax: SAFBAF PLUS+ Fax No. 086 693 3730 / 086 693 3726

