

DEBIT ORDER AUTHORISATION

BANK DEBIT ORDER INSTRUCTION

(Please complete this form digitally or using BLOCK LETTERS and black ink)

CUSTOMER NAME
(DEBTOR)

ID NUMBER OR
COMAPNY REG. NO.

STREET ADDRESS

POSTAL ADDRESS

PROVINCE

AREA CODE

SIGNATORY NAME

EMAIL ADDRESS:

CONTACT NUMBER
(Mobile)

CONTACT NUMBER (Tel)

BANK ACCOUNT DETAILS

BANK

BRANCH

BRANCH CODE

ACCOUNT HOLDER

ACCOUNT NUMBER

ACCOUNT TYPE

I/we hereby request and authorise you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) any variable amount pertaining to this agreement on the first working day or middle of each month for Resellers and VISP agreement clients. This being the amount necessary for the settlement of the monthly due to you in respect of my/our account with CIPC reference K2013127017 trading Report Prowlers (Pty)Ltd. All such withdrawals from my/our account by you shall be treated as though they had been signed by me/us personally.

I/we the undersigned, "instruct" and authorise your agent to draw against my/our account. I/we understand that if bank details have been supplied the withdrawals authorized here will be processed by BankServ. I/we also understand that details of each withdrawal will be printed on my/our statement.

I/we agree to pay any banking charges relating to this debit order instruction. This authority may be cancelled by means of giving you notice in writing, but I/we understand that I/we shall not be entitled to any refund of amounts, which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.

I/We warrant that I/we are duly authorised to complete and sign this form as the account holder/s or legal representative/s.

ASSIGNMENT

I/We acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorized party.

SIGNED

DATE