



Child Welfare Tshwane
NPO Reg No 001-612

Child Welfare Tshwane

72 Oates Street
Groenkloof
PO Box 503
Pretoria 0001

Tel: 012 460 6372/5
Fax: 012 460 6375

E-mail: info@childwelfare.co.za
www.childwelfare.co.za

CHILD WELFARE TSHWANE DEBIT ORDER MANDATE

Head Office
72 Oates Street
Groenkloof
Tel: 012 460 9236
Fax: 012 460 6375

**Risk Assessment
Intakes**
Tel: 012 343 9392
Fax: 012 343 8788

**Risk Assessment
Therapy Unit**
Tel: 012 460 6372
Fax: 012 460 6375

Adoptions
Tel: 012 460 6372
Fax: 012 460 6375

Atteridgeville
Tel: 012 373 8131
Fax: 012 373 8306

**Bramley
Children's Home**
Tel: 012 460 6372
Fax: 012 460 6375

Olievenhoutbosch
Tel: 072 385 1030

Eersterust
Tel: 079 246 1149
Fax: 012 460 6375

Elandsport
Tel: 012 754 5981/2

Mamelodi
Tel: 012 805 4056/7
Fax: 012 805 4997

Sunnyside
Tel: 012 343 0535
Fax: 012 343 8788



NATIONAL LOTTERIES COMMISSION
LOTTO FUNDED

A. Authority

Given by (name of account holder) _____

Address _____

Bank _____

Branch and Code _____

Account Number _____

Type of Account (delete that which is not applicable) Current (cheque) / Savings /
Transmission

Amount R _____ Date _____

To (name of beneficiary) _____

Abbreviated Name as Registered with the Bank. **CWTSHWANE**

Beneficiary's Address _____

This signed Authority and Mandate refers to our contract dated ("the Agreement").

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned 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 and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above. The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly, bimonthly, three monthly, six monthly, annually, weekly, bi-weekly (delete that which is not applicable)

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

Chairperson Celest Van Niekerk • **Deputy Chairperson** Crystal Theron
Elected Members Elmar Grobbelaar • Wilma Cloete • Josephine Malala • Prof Cecelia Jansen • David Brainers
Co-opted Member Francois de Klerk • Prof Leentjie de Jong • Prof Dipuo Sebidi
Honorary Members Mafusi Lekganyane • Rev Patricia Ohlson
Director Linda Nell
Patron: Adv Nakedi Ribane

Unlocking the potential of vulnerable children and families

Payment instructions due in December may be debited against my account on

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned.

Bank as if the instructions have been issued by me/us personally.

C. 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.

D. Assignment

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this day _____ of _____.

(Signature as used for operating on the account)

(Assisted By)

E. Agreement Reference Number

This Agreement reference number is:

Please return completed forms to:

Attention: Louisa Diedericks

louisa@childwelfare.co.za

Fax: 012-460-6333