



DEBIT ORDER INSTRUCTION

CODE 100611

GOODWILL PROTECTION SERVICES
P.O. Box 2731
Alberton, 1450
Tel: 011 404-1446

COMPLETE IN FULL AND FAX TO: 086 693 9384

From: (Name of Debtor) _____
(Address) _____

Dear Sirs

AGREEMENT DATED

The details of my/our bank account are as follows:

| | | | | | | | | | | | | | |
|-----------------|---|----------------------------------|---------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|
| Bank | <input type="text"/> | | | | | | | | | | | | |
| Branch Name | <input type="text"/> | | | | | | | | | | | | |
| Branch Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Account Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Type of Account | <input type="checkbox"/> Current (Cheque) | <input type="checkbox"/> Savings | <input type="checkbox"/> Transmission | | | | | | | | | | |

I/we hereby request and authorize 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) the sum of R75 per month (without Armed Response) (incl VAT) or any variable amount pertaining to this agreement, on the 28th day of each month. This being the amount necessary for the settlement of the monthly due to you in respect of our purchases/contract/agreement.

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 Netcash (Pty) Ltd, 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 thirty days notice in writing, sent by prepaid registered post, 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. By signing this debit order, I/we agree to the terms and conditions available on www.goodwillprotection.co.za

Assignment:
I/We acknowledge that the party hereby authorized 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 at _____ on this _____ day of _____ 200 ____

Duly Authorised Signature

Witness



APPLICATION FORM

Without Armed Response

| Sponsor Code | | 100611 | |
|-------------------------|--------------------------|---------------|-------------|
| Name & Surname | | | |
| Birth Date (dd/mm/yyyy) | | I.D. Nr | |
| Tel | | Fax | |
| | | Email Address | |
| Physical Address | | | |
| Suburb/Town | | | Postal Code |
| City | | Province | |
| MEMBERS | | | |
| Main Member | | Cellphone Nr | |
| Household Member 1 | | Cellphone Nr | |
| Household Member 2 | | Cellphone Nr | |
| Household Member 3 | | Cellphone Nr | |
| Household Member 4 | | Cellphone Nr | |
| Household Member 5 | | Cellphone Nr | |
| Household Member 6 | | Cellphone Nr | |
| Household Member 7 | | Cellphone Nr | |
| Household Member 8 | | Cellphone Nr | |
| Household Member 9 | | Cellphone Nr | |
| Household Member 10 | | Cellphone Nr | |
| RECIPIENTS | | | |
| Alert Recipient 1 | <i>Guard at the gate</i> | Cellphone Nr | |
| Alert Recipient 2 | | Cellphone Nr | |
| Alert Recipient 3 | | Cellphone Nr | |
| Alert Recipient 4 | | Cellphone Nr | |
| Alert Recipient 5 | | Cellphone Nr | |
| Alert Recipient 6 | | Cellphone Nr | |
| Alert Recipient 7 | | Cellphone Nr | |
| Alert Recipient 8 | | Cellphone Nr | |
| Alert Recipient 9 | | Cellphone Nr | |
| Alert Recipient 10 | | Cellphone Nr | |