South African Private Security Organisation

"SAPSO"

Psira no: 1448292 **Inspection no:** 25644

South African Private Security Organisation Funeral Scheme---
----------**Fund for Affiliated Membership**------

For the sake of our industry – for the sake of our lives

We invite security officers to complete subscription form and fax the completed form to:
Fax No: (086) 5255693, OR POST IT TO: SAPSO, P.O. Box 4694, Standerton, 2430, OR E-mail the form to: admin@sapso.org.za Website: www.sapso.org.za

TITLE / RANK: …… INITIALS: ……...SURNAME: ……...
EMPLOYEE NO: …… ID NO: ……
POSTAL ADDRESS:
……
……POSTAL CODE: ……...
TEL: (W) (……..)…… (H) (…….)…… CELL: ……..
EMPLOYER: ……

DEBIT ORDER

BANK ACCOUNT DETAILS:

BANK: …….. ACCOUNT NUMBER: ……..
BRANCH NAME: …….. BRANCH CODE: ……
TOWN: ……
ACCOUNT TYPE: **(Please mark the correct option clearly with a circle)**

1. **CHEQUE** 2**. SAVINGS** 3**. TRANSMISSION**

I hereby request, "Instruct" and authorize you to draw against my/our account at the above-mentioned bank (or any other bank or branch to which I/we may transfer my/our account), the sum of **A**. R68.00 (Sixty Eight Rand) or **B.** R78.00 (Seventy Eight Rand) or **C.** R95.00 (Ninety Five Rand) or **D.** R113.00 (One hundred and thirteen Rand) amount necessary for payment of the monthly subscription due in respect of SAPSO membership. **(Please mark correct tariff amount clearly with a circle) Membership provides free funeral benefit cover up to 4 children and spouse provided under Financial Service Provider (FSP 46620) underwritten by Liberty Life.**

A. With R5000.00 (Single Cover)…….. **B**. With R5000.00 (Family Cover)…… **C**. With R8000.00 (Single Cover)…… **D**. With R8000.00 (Family Cover)

The deduction must be made on the …….. of every month, commencing on …… (date) and continuing (as the case maybe). All such withdrawals from my/ our account by you shall be treated as though they had been signed by me/us personally. I/we understand that the withdrawals hereby authorized will be processed via computer through a system known as the PS&S Magnetic Tape Service, and I also understand that details of each withdrawal will be printed on the bank statement or on any accompanying voucher. I/we agree to pay any bank charges relating to this debit order instruction. This authority may be cancelled by me/us giving you 30 days notice in writing, sent by prepaid registered post to SAPSO, but I/we understand that I/we will not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owed to SAPSO. Receipt of this instruction by SAPSO shall be regarded as receipt thereof by my/our bank (whichever it is or will be). I understand that the subscription and SAPSO membership fees can be increased from time to time and that this authority is deemed to include such increases. I understand that if a subscription is wrongly deducted from an account due to incorrect information supplied by me, SAPSO is indemnified against any legal action that might arise from such wrong doing. I understand that if my banking details change and I do not inform SAPSO thereof or if insufficient funds are in my account on activation of the debit order, SAPSO will cancel the benefits it provide to me solely on myself being a member after the first refusal of payment from the bank. **I AGREE THAT THE ABOVE INSTRUCTIONS MAY BE PERFORMED BY ANY INSTITUTION APPOINTED BY SAPSO INCLUSIVE OF SOCINGA JURISTIC REPRESENTATIVE FSP 46620. I have read and will abide by all provisions of SAPSO Constitution.**

……

SIGNED AT (PLACE)

SIGNATURE …… **DATE…….**

Unit 55, Covertt Industrial Park. 44 Jansen Road, Cnr Yaldwin, Jetpark, 1467. National Office Bearers: T.L. Tshabalala (Secretariat Officer); T A Motloung; L P Bango; Adv C D Mzima; (Chairperson)
SAPSO