Private Security Development Co-operative Limited

STATUTE NO: 3356

Reg. No: K6/3/9/3127

WORKPLACE HOPE

MONTHLY – SOCIAL JUSTICE – WORKPLACE – PRIVATE SECURITY MAGAZINE

We invite Workers and Security to complete subscription form and fax the completed form to:
Fax No: (017) 712 2073, OR POST IT TO: **SAPSO**, P.O. Box 4694, Standerton, 2430.
OR the form to E-mail address: workplacehope@gmail.com

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 **R50.00**(Fifty Rand) amount necessary for payment of the monthly subscription due in respect of **SAPSO** membership or Workplace Hope Magazine.

A. Each month	**B**. once every 3 months	**C**. once every 6 months	**D**. once every year
(1X tariff)	**(3X tariff)**	**(6 X tariff)**	**(12 X tariff)**

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registered post to SAPSO, but I/we understand that I/we will not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owed to SAPSO.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 PRIVATE SECURITY DEVELOPMENT CO-OPERATIVE LIMITED FOR PURPOSE OF MONTHLY MAGAZINE SUBSCRIPTION FEES.**

…….
SIGNED AT (PLACE)

…… ……
SIGNATURE DATE

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