

ENTERPRISE RISK MANAGEMENT LTD – STOR-IT

REG NO: 1995/001603/06 – VAT NO: 4670150004

PO BOX 30003
KYALAMI 1684

46 LANDMARKS AVE
KOSMOSDAL, CENTURION

CELL: 083 327 7499 E-MAIL: info@stor-it.co.za / jolene@adamint.co.za

DEBIT ORDER APPLICATION FORM:

All sections must be completed in full by the relevant applicant/s. Ensure that all information provided is accurate. No instruction will be processed unless all requirements have been met.

Completed forms are to be mailed to us at info@stor-it.co.za or jolene@adamint.co.za.

If you have any queries regarding this application, please contact us at 083 327 7499 or info@stor-it.co.za

A. <u>APPLICANT DETAILS:</u>
Existing tenant code/ref number:
Title:
Surname:
First name(s):
ID/Passport number:
Address: Building name:
Unit number/s:
Telephone number:
Mobile phone:
Email address:

B. NEW DEBIT ORDER DETAILS:

I/We, the undersigned,

(“the Debtor”) hereby authorize the Landlord (“the Creditor”), through its duly authorised representative ERM LIMITED (PTY) LTD AND First National Bank, on the Creditor’s behalf to debit my/our banking account, as per bank details supplied in section C of this form, from time to time and to credit the Creditor’s account at First National Bank.

This authority is subject to a monthly limit of R_____ to be deducted on the **28th of day of each month.**

I/we hereby waive the right to reverse the debit, provided that the aggregate amount of monthly debit to my/our account does not exceed the monthly limited state above. I/We shall further not be entitled to a refund of amounts which ERM LIMITED (PTY) LTD has withdrawn while this authority was in force, provided that such amounts were legally owing to the Landlord.

I/We acknowledge that First National Bank act merely as the Creditor’s collecting banker and, accordingly, all disputes regarding the amount of the validity of any debit or any other issue in connection with any transaction will be a matter between the Creditor and me/us. Insofar as it may be necessary to do so, I/we hereby waive any and all claims which I/we may have against First National Bank.

C. BANKING DETAILS:

BANK:
BRANCH:
BRACH CODE:
TYPE OF ACCOUNT:
ACCOUNT NUMBER:
ACCOUNT NAME:

Bank statement or banking details confirmation must accompany this application form as confirmation of bank details.

Initial here

D. **TERMS & CONDITIONS:**

- Where a debit order is being rejected by our bank, a fee of R150 (excluding VAT) will be charged to your rental account. (Fee subject to change without prior notification).
- If a debit order is rejected three times, it will be cancelled automatically.
- Dates as per the debit order details allow for the following:
28th This option is an advanced payment of your account.

E. **AUTHORISED SIGNATORY:**

1.
Full name in block letters

1.
Signature

2.
Full name in block letters

2.
Signature

**For and on behalf of
(Company/Close Corporation/Partnership/Sole proprietor) who warrants his/her
authority.**

Witnesses:

1.
Full name in block letters

1.
Signature

2.
Full name in block letters

2.
Signature

Office use:

Date received:

Reference number verified by: