



Reflect Care Heal

Written Authority and Mandate for Debit Payment Instructions

Authority

Given by (name of Accountholder) _____

Address

Bank

Branch and Code

Account Number

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

Amount

Commence Date

To (name of beneficiary)

ISLAMIC MEDICAL ASSOCIATION OF SOUTH AFRICA

Beneficiary's Address and telephone number

222 KENILWORTH ROAD, OVERPORT, DURBAN, 4091

Abbreviated Name as Registered with the Bank

IMA

(max 10 Characters)

This Agreement reference number is

3354

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

I/We hereby authorize 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.

KWAZULU NATAL

(Durban, Ladysmith, Port Shepstone)

Telephone: +27 (31) 207 2250

Fascimile: +27 (31) 207 2260

Address: 222 Kenilworth Road
Overport, 4091

Postal: P.O. Box 701063
Overport, Durban, 4067

Email: imakzn@eastcoast.co.za

GAUTENG

(Johannesburg, Tshwane, West Rand,
Roshnee)

Telephone: +27 (11) 837 6717

Fascimile: 088 011 837 6717

Address: 43 Moira Avenue
Crosby, 2092

Postal: P.O. Box 347
Crown Mines, 2025

Email: imasa.johannesburg@gmail.com

WESTERN CAPE

(Cape Town)

Telephone: +27 (21) 762 1414

Fascimile: 0866 035 097

Address: 54 Broad Rd
Wynberg, 7800

Email: imasa.wcape@gmail.com

NORTH WEST PROVINCE

(Klerksdorp)

Telephone: +27 (18) 464 1116

Fascimile: +27 (18) 462 9094

Address: 3 Emily Hob House Street
Klerksdorp, 2571

Email: miahrawat@gmail.com

www.ima-sa.org.za

The individual payment instructions so authorized to be issued must be issued and delivered as follows: monthly, bi-monthly, 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 recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds in my account to meet the obligation, you are entitled to track my account and represent the instruction for payment as soon as sufficient funds are available in my account. ¹

Payment Instructions due in December may be debited against my account on _____ N/A _____ (date).

I/We understand that the withdrawals hereby authorized will be processed through a computerized 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 before the issuing of any payment instruction.

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.

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.

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)