



DEBIT ORDER APPLICATION FORM

All sections must be completed in full by the relevant applicant/s. Indicate all options selected by means of a cross [X]. Initial all amendments made to the application form. Ensure that all information provided is accurate. No instruction will be processed unless all requirements have been met.

Completed forms are to be faxed to us on 012 319 8871 or emailed to us at propworld@cityprop.co.za. If you have any queries regarding this application, please contact us at 012 319 8700 or propworld@cityprop.co.za

A. APPLICANT DETAILS

Applicant 1:

Existing tenant code/ref number:
Title: Surname:
First name(s): ID/Passport number:
Address: Building name: Unit number:
Telephone number: Fax number:
Mobile phone: Email address:

B. NEW DEBIT ORDER DETAILS

I/We, the undersigned,
("the Debtor") hereby authorise the Landlord ("the Creditor"), through its duly authorised representative **CITY PROPERTY ADMINISTRATION (PTY) LTD** and Nedbank, on the Creditor's behalf, to debit my/our banking account, as per bank details supplied in section F of this form, from time to time and to credit the Creditor's account at Nedbank.

This authority is subject to a monthly limit of R to be deducted on the 1st 7th 15th 26th day of each month.

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 I/We shall further not be entitled to a refund of amounts which **CITY PROPERTY ADMINISTRATION (PTY) LTD** has withdrawn while this authority was in force, provided that such amounts were legally owing to the Landlord.

I/We acknowledge that Nedbank acts merely as the Creditor's collecting banker and, accordingly, all disputes regarding the amount or 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 Nedbank.

I/We agree that all payment instructions by **CITY PROPERTY ADMINISTRATION (PTY) LTD** will be treated by my/our above-mentioned bank as if the instructions have been issued by me/us personally.

Signed at on this day of

AUTHORISED SIGNATORY

1.
Full name in block letters
2.
Full name in block letters

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

Witnesses:

1.
2.

C. TERMS AND CONDITIONS

- Where a debit order is being rejected by your bank, a fee of R85 (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:
 - 26th** This option is an advanced payment of your account.
 - 1st** This option is the payment as required by your lease agreement.
 - 7th** This option is only available for commercial tenants.
 - 15th** This option is for government employees (residential tenants) only. If the 15th option is selected, an interest-free period will be granted to the tenant between the 1st and the 15th day of the month. **A recent copy of your payslip must be provided.**

D. DEBIT ORDER INCREASE/DECREASE

Debit order increase

Please increase my/our debit order as follows:

From: R To: R

Effective date:

Debit order decrease

Please decrease my/our debit order as follows:

From: R To: R

Effective date:

Debit order termination

Please terminate my/our debit order of R

Effective date:

E. DEBIT ORDER DEDUCTION DATE CHANGES

Debit order deduction date

Please change my/our debit order deduction date from: To: 1st 7th 15th 26th day of each month.

Effective date:

(15th This option is for government employees (residential tenants) only)

F. BANKING DETAILS

The details specified below must be in the name/s of the applicant/s.

Bank: Account number:

Branch: Branch number:

Type of account: Current Transmission Savings

Name of the account holder/s:

A cancelled cheque or recent bank statement must accompany this application form as confirmation of bank details.

Signature/s of applicant/s or authorised representative: Dated:

Office use:

Date received: Reference number verified: