UNIVERSITY OF CAPE TOWN

SHAWCO

1 Donor Details

No

Title Mr Mrs Miss Ms Other (Please Specify) First Name

Surname

Postal Address

Suburb

City Post Code

Telephone

Home Tel

Mobile

ID No

Date of Birth D D M M 2 0 Y Y

Occupation

Gender Male Female

Email

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I wish to make a donation to **SHAWCO** Debit User Code

In the **monthly** amount of **R** - on the 1st 7th 15th 20th 25th 28th 30th

Select one day ("payment day") of **every month.**

If the payment day falls on a Saturday, Sunday or a recognised South African public holiday, the payment day will automatically be the next ordinary business day..

Credit Card Type Visa Mastercard Amex Diners Credit Card Number

Name on Card

Expiry Date M M Y Y Y Y

FORM OF AUTHORITY AND MANDATE IN RESPECT OF ALL ELECTRONIC DEBITS

Bank Name

Branch

Branch Code Account Number Swift Code

Type of Account Current Cheque Savings Transmission (Tick Box)

Beneficiary's address: SHAWCO, Braemar Cottage, UCT, Faculty of Health Science, University of Cape Town, Anzio Road, Observatory, 7928.

I hereby authorise you to issue and deliver payment instructions to my banker for collection against my above mentioned account at my above mentioned bank (or any other bank or branch to which I may transfer my account) on condition that the sum of such payment instructions will never exceed my obligations as agreed to in the donation agreement and commencing on the payment date as selected above and continuing until this authority and mandate is terminated by me giving you notice in writing of not less than 20 working days, and sent by email or other formal communications.

I understand that the withdrawals hereby authorised will be processed through computerised system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. I understand that my bank will apply charges at their ruling rates for unmet transactions. I also understand that any banking fees incurred by International Fundraising may be recovered of unmet transactions.

CANCELLATION

I agree that although this Authority and Mandate may be cancelled by me, such cancellation will not cancel the donation agreement. I shall not be entitled to any refund of amounts which you have withdrawn while the authority was in force if such amounts were legally owing to you.

This signed Authority and Mandate refers to our donation agreement dated

Signature as used for the operating the account

Date Signed Y Y Y Y M M D D

Time Signed H H M M