

اشرف العلوم – مالبورو

Madrassah Ashraful Uloom – Marlboro

Est 1995

N.P.O: 047-301 - P.B.O: 930 013 192

16 Zinnia Drive, Marlboro Gardens

P.O Box 292, Marlboro, 2063, SA

Tel: +27 11 444 4265

Fax: 086 567 6589

Email: ashraful@absamail.co.za

Web: www.ashraful.org.za

DEBIT ORDER MANDATE

A. Authority

Given by (name of Accountholder)			
Address			
Contact telephone number		Fax #	
Email Address			
Bank			
Branch and Code			
Account Number			
Type of Account (delete that which is not applicable)	Current (cheque) / Savings / Transmission		
Amount			
Date			
To (name of beneficiary)			
Type of Donation: Zakaat, Lillah, Sadaqah			
Donation receipt required (tick)	<input type="checkbox"/> Non	<input type="checkbox"/> Receipt	<input type="checkbox"/> Section 18A Certificate
Abbreviated Name as Registered with the Bank			
Beneficiary's Address			

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

I/We hereby authorise _____ 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. The individual payment instructions so authorised 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 recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I authorise the use of a tracking debit order on my account to ensure that I meet with the obligations of this agreement (tick if applicable)

I authorise the use of a tracking debit order in the event that there are insufficient funds in the nominated account to meet with the obligation of this agreement, this necessitates representation of the debit order at my bank for payment as soon as sufficient funds are available in my account (tick if applicable)

Payment Instructions due in December may be debited against my account on _____. I/We understand that the withdrawals hereby authorised will be processed through a computerised 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 appears in Section E of this agreement.

B. 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.

MEMBERS: Moulana Suhail Wadee ◦ Rehana Wadee ◦ Salim Latib ◦ Iqbal Mohammed



Ashraful Uloom
Madrassah

C. 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.

D. 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)

Full names: _____

Full Name: _____

E. Reference Number: (number that will appear on the bank statement) _____.