DEBIT ORDER INSTRUCTION

Membership number: Tel no. (W)	Name of member: Address:
Tel no. (H) Cell No:	
Pretorium Trust (Co-operative) Limited P O Box 35797 MENLO PARK 0102	Date: Tel: 012-361 5526 Fax: 012-361 5773
Dear Sirs,	
The details of my bank account is as follows:	
Bank:	
Branch name:	
Branch No:	
Account Number:	
TYPE OF ACCOUNT: CHEQUE-/TRANSMISSION	-/SAVINGS ACCOUNT (Delete where not applicable)
(or any other bank or branch) to which I may to on the last working day / first working day of	ensmission-/savings account with the above mentioned bank ransfer my account with the full amount due each and every month commencing from2029 you shall be treated as though they had been signed by
as the ACB Magnetic Tape Service, and I also u	orised will be processed by computer through a system known nderstand that details of each withdrawal will be printed on my er. I agree to pay any bank charges relating to this debit order
	g you thirty days notice in writing, sent by prepaid registered ed to any refund of amounts which you have withdrawn while re legally owing to you.
Receipt of this instruction by you shall be regard	ded as receipt thereof by my bank.
Signed at on this	20

Signature as used for signing cheques.

PLEASE ATTACH A CANCELLED CHEQUE OR PROOF OF BANKING DETAILS