



A. Authority

PERSONAL / LEGAL ENTITY INFORMATION					
Individual / Legal Entity Name					
Entity Type if Legal Entity					
ID no. / Legal Entity Registration no. *					
Address					
Contact telephone number				Alt no.	
E-Mail Address					
Authorized Representative (if applicable) ✚				ID no.	
OTP Cellphone number †					
BANK ACCOUNT INFORMATION †					
Account Name					
Bank					
Account number					
Branch (if available)				Branch Code	
Type of Account		Current (Cheque)		Savings	
Preferred collection day(s) of the month					
First debit to be presented on					
AMOUNT		Fixed Amount of			
		OR		Variable amount to the maximum of	
Annual increase % or amount applicable					
Date of first increase applicable					
BENEFICIARY					
To		Rustenburg DBV			
Registered Abbreviated Name ✚		DBVRUSTB			
Beneficiary's Address		H/V ESKOM & WATERVAL AVE, INDUSTRIA, RUSTENBURG, RUSTENBURG, 0299			

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

I/We hereby authorize RUSTENBURG DBV 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 the date of first debit order as mentioned above 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 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.

EDO Transaction (optional)

I/we authorize the use of a tracking facility as provided for in the EDO System at no additional cost to myself/us. This is to ensure that I/we meet with the obligations of this agreement.

Representation on failure (pick one)

I/we authorize the use of a tracking facility in the event that there are insufficient funds in the nominated account to meet with the obligation of this agreement. An unpaid debit order necessitates representation at my/our bank for payment which will be no more than ___day(s) after the initial failed transaction and a maximum of ___day(s) tracking will be applicable. Should this payment fail, I/we will make an arrangement for payment.

I/we authorize representation in the event that there are insufficient funds in the nominated account to meet with the obligation of this agreement. An unpaid debit order necessitates representation at my/our bank for payment which will be no more than ___day(s) after the initial failed. Should this payment fail, I/we will make an arrangement for payment.

I/we do not authorize representation in the event that there are insufficient funds in the nominated account to meet with the obligation of this agreement. I/we will make an arrangement for payment.

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 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. I have received the authority by my other Directors and Shareholders to sign this agreement on behalf of the company.

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.

E. Reference Number ✚ : DBVRUSTB

Signed at _____ on this _____ day of _____

(Signature)

(Assisted by Rustenburg DBV representative)

Full Name: _____

Footnotes: (please initial to indicate that you have read and understood these footnotes)

* Where this mandate apply to a Legal Entity with more than one director / member please ensure that all parties involved sign or alternatively attach a Company Resolution to this mandate that reflects the granted authorization of the signatory.

✚ Depending on legal requirements an SMS might be send to this number for OPT-in purposes.

- † The Duly Authorized Representative is the person that has been assigned by the Company in a Company Resolution, see footnote *, to sign on behalf of and enter into agreements with the beneficiary.
- ‡ Banking details may be changed at a later stage if so required. A proof of bank account will be required to action the request.
- ✦ This reference is a short name assigned to Rustenburg DBV and registered with the bank that will appear on your bank statement.