Physical address:
Valley View Plaston road
Mpumalanga White River 1240 South Africa

Postal address:
PostNet suite 421 Private Bag X9910
White River 1240 South Africa

NPO Reg No: 214-711 / PBO Reg No: 930064552

AUTHORITY AND MANDATE FOR PAYMENT INSTRUCTIONS

A. AUTHORITY

GIVEN BY (BUSINESS NAME): _____ REGISTRATION NO:_____

Address: _____

_____

IDENTITY NUMBER														CONTACT NUMBER										

BANK NAME																								
BRANCH NAME															BRANCH CODE									
ACCOUNT NUMBER																								
ACCOUNT TYPE	Current (Cheque)		Savings		Transmission		DEBIT AMOUNT	R							.									

TO (NAME OF BENEFICIARY): **PEDIATRIC CARE AFRICA**
Address: **VALLEY VIEW PLASTON ROAD**
WHITE RIVER, 1240
Contact: **+27 (0) 76 229 5663**

Abbreviated Short Name that will be displayed on the client's bank statement: **PC AFRICA**

REFER TO OUR CONTRACT DATED _____ ("the Agreement")

1. I/We hereby authorise you to issue and deliver payment instructions to your banker for collection against my/our above-mentioned account at my/our abovementioned bank on condition that the sum of such payment instructions will never exceed my our obligations as agreed to in the Agreement.
2. The individual payment instructions so authorised to be issued must be issued and delivered monthly / bi-monthly / three-monthly / six-monthly / annually / weekly / bi-weekly* (interval) on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due. *(delete what is not applicable)
3. The payment instructions so authorised to be issued must carry a number, which number must be included in the said payment instructions and if provided to you should enable you to identify the Agreement. The said number should be added to this form in section E before the issuing of any payment instruction and communicated to me directly after having been completed by you.
4. I/we agree that the first payment instruction will be issued and delivered on or after:

DEBIT DATE	D	D	M	M	Y	Y	Y	Y

Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me/us by giving you notice in writing of not less than the interval (as indicated in clause 3 above) and sent by repaid registered post or delivered to your address indicated above.

B. MANDATE

I/we acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned bank as if the instructions had been issued by me/us personally.

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 also understand that I/we cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts were legally owing to you.

D. ASSIGNMENT

I/We acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

Signed at ..... on this ..... Day of ..... Year.....

_____ _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE **CAPACITY OF AUTHORIZED REPRESENTATIVE**

E. AGREEMENT REFERENCE NUMBER: _____

Contact:
Office: +27 (0) 76 2295 663 (South Africa) / +243 82 296 4303 (Central Africa Region)
Email: info@pediatriccareafrica.org / Website: www.pediatriccareafrica.org