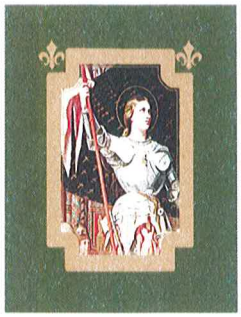

Hein Street,
Norton Small Farms
1401
Trust Nr.: IT 1591/2011
Cell: 082 416 1838

"I, vive, explica te ipsum"

JOAN OF ARC FOUNDATION

Siyabonga Children's Care Centre
PBO Nr.: 930038555

Banking Details
Bank: FNB
Account Nr. 627 497 12693
Branch Code: 251 542
ACCOUNT NAME: SIYABONGA CHILDREN'S HOME

Bank Debit Order Instructions

Bank Debit Order Instructions		
Full Names		
Contact details	Home	
Cell		
Cell		
Email address		
Reference	SCC — name — contact number	
(This reference will be used to track payments and issue acknowledgements and updates about the home)		
Please select an option: On the 1st, 5th, 15th, 25th, 30th or last day of each month, commencing on:		
Date		
Debit monthly amount	R 150-00 (One Hundred and Fifty Rand Only)	
In the event of the payment day falling on Saturdays, Sunday or on a recognised public holiday, the payment will be automatically be the next ordinary business day		
(This reference will be used to track payments and issue acknowledgements and updates about the home		
The details of my/our account are as follows:		
Bank		
Branch		
Branch Code		
Account name		
Account number		
Type of account		

I / We hereby authorise Siyabonga Children's Cottages, 30 Hein Street, Norton Small Farms, to issue and deliver payment instructions to the bank for collection against my / our abovementioned account at my / our above-mentioned bank (, on condition that the sum such payment instruction will never exceed my / our obligation as agreed to as per the above-mentioned amount. And commencing on the date agreed and continuing until this amount is requested to stop or change. (In writing in no less than twenty ordinary working days).

The individual payment and instructions as authorised to be issued and delivered as follows:
Further, if there are insufficient funds in the nominated account to meet this obligation, Siyabonga is entitled to track this account and pre-present this instruction for payment as soon as funds are available.

An amount of each individual payment may not be more than the obligation due.

I / We understand that the withdrawals hereby authorised will be proceeded through a computerised system provided by the South African Bank.

I/We agree that although this debit order 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.

A payment reference is added to this form before issuing any payment instructions.

I / We understand that my bank statement will reflect the following abbreviated name as registered with the bank: Siyabonga

I / We acknowledge that all payments, instructions issued to you, shall be treated by my / our above-mentioned bank as if the instructions had been instructed by me/ us personally.

Signed at _____on this_____day of _____.

_____

Signature