

Debit Order Form

Address:

GamCo (Pty) Ltd
 Box 4,
 Private Bag x121,
 Halfway House
 1686

From: (Your Company Name)

.....

Fill in your Company Name

Company Name		Contact Name	
Postal Address		Code	
Tel Number		Fax Number	
Email Address		Mobile No	

I hereby request, instruct and authorise GAMCO to draw against my bank account as recorded below, or wherever it may, the sum of _____ on the first debit run, and the sum of _____ thereafter on a monthly basis. and to continue until such time as this instruction has been cancelled by virtue of my/our requesting same in writing, giving one months notice of such requests. All withdrawals from my/our account shall be treated as though they have been signed by me/us personally.

I understand that such withdrawals shall be processed through the ACB Magnetic Tape service and shall be printed on my/our bank statement. I/We agree to pay any bank charges to this instruction. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank which ever it may be.

Bank		Branch	
Branch Code		Account Number	
Account Type		Account Name	

Credit Cards (10% handling fee will be added)

Account Holder		Credit Card Number	
Expiry Date		Credit Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card

Signed at on this day of 2006

.....
 Signature as used for signing cheques Assisted by - where legally necessary

Signee agrees to GamCo's Terms & Conditions — <http://www4.gam.co.za/legal/index.php>

PLEASE ATTACH CANCELLED CHEQUE or BANK STATEMENT TO CONFIRM YOUR BANK DETAILS