



CMR NORTH

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SAVE-A-CHILD PROJECT

Full Name and Surname: _____

Title: Dr / Prof / Mr / Mrs / Miss

Address: _____ Code: _____

Email: _____ ID no: _____

Cell/Tel no: _____

* If in a company's name, please provide:

Name of Company: _____ Registration no: _____

I WANT TO RECEIVE A NEWSLETTER: YES NO

DONATION OPTIONS (TICK ONE)

1. DEBIT ORDER

AMOUNT: R _____ /MONTH

YOUR BANK DETAILS (Only for Debit Orders)

Bank: _____ Account type: Current/Cheque Savings

Branch: _____ Branch code: _____

Account number: _____

Name of account: _____

2. EFT (SEE BANKING DETAILS BELOW)

R _____ MONTHLY **OR:** R _____ ONCE OFF

BANK DETAILS

CMR Noord ABSA Brooklyn · Cheque Acc no: 50 160 033 · Branch code: 335 345

Reference: Name & Surname + 'Save-a-Child'

I/we hereby authorise the CMR North, to debit my/our account at the above bank (or any bank/branch whereto I/we may transfer my/our account) with the amount of R _____ (and the amount in words):

_____ to be debited on the 1st/25th (delete non-applicable date) day of each month starting on _____ 20 ____.

All such withdrawals from my/our account by you, will be deemed as if signed by me personally. I/we agree to pay any bank costs with regard to this debit order authorisation. This authorisation may be cancelled by me/us, by giving you 30 days written notice, by registered mail, but I/we understand that I/we are not entitled to reimbursement of the amounts withdrawn whilst the authorisation was still in place. The receipt of this instruction by you, is deemed as receipt thereof by my/our bank.

Signed at _____ on this ____ day of _____ 20 ____.

SIGNATURE

FAX OR EMAIL COMPLETED FORM TO (012) 460 8531 OR MARKETING@CMRN.CO.ZA