

PERSONAL DETA	AILS OF CLIENT																
Surname / Company Name:																	
Full names / Trading Name:																	
ID number / Registration Number:																	
Physical Address:																	
Postal Address:																	
Contact details:	HOME		WORK			BILE		e-M	AIL		FAX						
				- T - T			1	1			1 1	1					
Client reference number:																	
BANK DETAILS C	OF CLIENT																
Name of Account Hol	der:																
Account Type:			CHEQUE		TRANSMISSION			SAVIN	IGS		OTHER						
Name of Bank:																	
Account Number:																	
Branch Name:																	
Branch Code:																	
Credit Card type:			MASTER					VISA									
Last 3 digits of credit	card:																

COLLECTION INSTRU	JCTION - p	lease tick the applicable															
Once-Off Deductions	Х	If once-off, complete only date of 1st deduction									d	d	m		m	у	У
Recurring Deductions	Х	Date of 1st Deduction	d	d	m	m	У	У	Amount	R	0	0	0	0	0	0	0
		Date of 2nd Deduction	d	d	m	m	У	У	Amount	R	0	0	0	0	0	0	0
		How many successive months after the 2nd deduction above								0				0			
Deduction day in the month																	
Recurring amount to be deducted per month after the 2nd dedution above Amount If applicable, last deduction date If applicable, last deduction date						R	0		0	0	0	0	0				
							d	d	m		m	у	У				
		If applicable, amount if different from the recurring amount above A					Amount	R	0	0	0	0	0	0	0		
Annual escalation thereof	%																

I/We, the client or the duly authorized representative thereof ("the CLIENT"), hereby authorized the entity mentioned below

("Pollak Park Golf Club"), STRATCOL LTD and/or its agents, to collect by means of electronic debit from the above account in the name of the CLIENT at the same or any other bank, all or any monies due by the CLIENT to Pollak Park Golf Club, as principal debtor or for any other reason, and to pay same to Pollak Park Golf Club. The authority so given is restricted to the amount mentioned above and may be deducted on the mentioned 7 working days thereafter. I accept the following to be applicable hereto:

1. This authorisation may only be withdrawn with 30 (thirty) days written notice to Pollak Park Golf Club at its physical Address.

- I and/or the CLIENT, individually and collectivity and hold harmless Pollak Park Golf Club,STRATCOL LTD and/or its agents against any claim of any nature arising from the electronic debit or transfer or from any other cause following this authorisation and irrespective whether such authorisation had been withdrawn or not;
- 3. In the event of the relevant account not having sufficient cleared funds to meet any debit, I am aware that the fee of R50 will be debited against the CLIENTS account by the bank and Pollak Park Golf Club relating to the return of the debit and I accept the responsibility to ensure sufficient cleared and available funds to the minimum of the limit above (or as amended from time to time).

4. Any reference to the entities above includes a reference to any successor in title or in appointment;

5. This authorisation is not an amendment to any specific arrangement regarding payment of accounts and serves merely

as an arrangement as the method of payment, in part or in full, and any account with Pollak Park Golf Club needs only to be credited once actual payment is received by the Pollak Park Golf Club, and

6. should any dispute arise about Pollak Park Golf Club's right to collect any amount in terms hereof, the CLIENT shall have the onus to instruct his bank to refuse or return any debit as unpaid.

DATE:

SIGNATURE:

STRATCOL REF: