



South African Pharmacy Council

# 3<sup>rd</sup> NATIONAL PHARMACY CONFERENCE

**PLUGGED-IN, ENGAGED  
BE A CATALYST FOR CHANGE**

3 - 6 OCTOBER 2019 | SUN CITY, SOUTH AFRICA



## AUTHORITY AND MANDATE FOR DEBIT ORDER PAYMENT INSTRUCTIONS: PAPER (This form is to be completed after the delegate has registered)

### A. AUTHORITY

Given by: (name of account holder)	
(Address)	

### BANK ACCOUNT DETAILS

Bank name:			
Branch name and town:			
Branch number:			
Account number:			
Type of account:	Current (Cheque)	Savings	Transmission
	(Indicate type of account)		
Date:			
To: (name of beneficiary):			
(Address)			
Abbreviated short name to be used:			

Refer to our contract reference number \_\_\_\_\_ ("the Registration Reference Number")

I / We hereby authorise

\_\_\_\_\_  
(Service Provider Name) to issue and deliver payment instructions to your banker for collection against my / our above mentioned account at my/our above mentioned bank on condition that the sum of such payment instructions will not differ from my/our obligations as agreed to in the Contract Reference Number. The individual payment instructions so authorised must be issued and delivered on the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not differ as agreed to in terms of the Agreement.

The payment instructions so authorised to be issued must carry the Contract Reference Number, included in the said payment instructions and must be provided to identify the specific contract. The said Contract Reference Number should be added to this form in section E before the issuing of any payment instruction and communicated directly after having been completed.

Initials .....

I / we agree that the first payment instruction will be issued and delivered on \_\_\_\_\_ (date) and thereafter regularly on the 1<sup>st</sup> of each month and final payment in total R\_\_\_\_\_ not later than 31 July 2019 as indicated below:

Instalment	Date (1 <sup>st</sup> of month e.g. 01 May 2018)	Amount – R
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		
4 <sup>th</sup>		
5 <sup>th</sup>		
6 <sup>th</sup>		
7 <sup>th</sup>		
8 <sup>th</sup>		
9 <sup>th</sup>		
10 <sup>th</sup>		
<b>Total Amount - R</b>		

If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I agree that the payment instruction may be debited against my account on the **following business day**; or

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 the previous clause) and sent by prepaid 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. RETURNED OR UNPAID ITEMS**

I / we agree that should the payment instructions be returned/ unpaid by my / our above mentioned bank the cost/ charge arising from the returned or unpaid items will be payable by me/us.

**E. ASSIGNMENT**

I / We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party.

Signed ..... on this ..... day of.....

.....  
SIGNATURE AS USED FOR OPERATING ON THE ACCOUNT

.....  
ASSISTED BY CAPACITY.....

**FOR OFFICE USE**

**AGREEMENT REFERENCE NUMBER**

The agreement reference number is .....

Initials .....