



Incorporated under section 21, Reg. No. 1998/019868/08  
Public Benefit Organisation Ref. No. 930008897  
For the residents of Randpark Ridge, Ext. 1, 3, 16, 41, 45

**MEMBERSHIP APPLICATION**

Date: .....

Surname:..... First Name: .....

Tel (Home):..... (Cell):..... (Work):.....

Date of Birth: .....

Physical Address: .....

Postal Address:..... Code:.....

E-mail:..... RRVA Newsletter  YES  NO

SARS Personal Tax number (To receive an annual Section 18 A Tax Certificate): .....

**Would you like to receive RRVA news and updates via email? No unsolicited emails will be sent and your details will not be shared with other parties**

Spouse / co-habitant / tenant: .....

Tel. (Cell):..... Email: .....

RRVA Membership fee per household **R 330 pm**

Pensioners rate by arrangement with RRVA **R 250 pm**

R..... Per Month

*\*Pensioners rate applicable, 65yrs and over*

**PAYMENT OPTION 1 – Debit Order Detail (Recommended payment method)**

*\*See attached debit order instruction*

**PAYMENT OPTION 2 – Electronic Transfer**

**Note :** Payments periods accepted are 6 months or 12 months in advance only

Amount:..... being paid for : 6 or 12 months. *(Circle option)*

Signature of Account Holder: .....

Payment Date:..... Next payment Due: .....

Banking Details: RRVA, Nedbank, Randridge Mall. Branch Code: 151405. Current Account: 106 9998419

This completed and signed form will be collected from you or .....

- For membership enquiries email the RRVA on membership@rrva.net
- RRVA subscriptions are tax deductible as RRVA is a PBO - tax certificates will be issued annually **on request.**
- Please note that while RRVA cannot endorse nor indemnify the product or service of any commercial or private venture mentioned in RRVA literature. RRVA feels obliged on behalf of its members to publish our sincere gratitude for any help or service received.

RRVA Sales representative: .....



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**BANK DEBIT ORDER INSTRUCTION**

Date: .....

Name: .....

Address: ..... Contract No: .....

Debit amount: .....

Commencement date: .....

Contact No: ..... Abbreviated name as registered with the bank :

**RRVA**

Dear Sirs,

The details of my/our account are as follows:

Bank: ..... Branch: .....

Account Name ..... Branch number: .....

Account no: ..... Type of account .....

*(Savings, current, transmis-*

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our above mentioned account at my / our above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 21 ordinary working days, and sent by email or delivered to our address indicated above.

On the \_\_\_\_\_ day ("payment day") of each and every month commencing on \_\_\_\_\_. In the event that the payment day falls on a Saturday, Sunday or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account.

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. 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.

**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.

**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 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.



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## BANK DEBIT ORDER INSTRUCTION

I / We acknowledge that this Authority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

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

.....  
SIGNATURE



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**Membership Fees:**

During the term of this agreement, we will process payment for your membership fee and other outstanding fees, in advance, no later than the fifth (5<sup>th</sup>) business day of each month.

**Termination of membership:**

Although you may cancel the Authority/ Mandate, please note that such cancellation will not cancel the Membership.

In order for the termination of membership, I undertake to give 21 business days' notice by filling in the cancellation form provided to me by the RRVA office.

I/We shall not be entitled to any refund of amounts which have been withdrawn while the Authority is in force and such amounts are legally due by me/us in respect of my Membership with Randpark Ridge Village Association.

**Communication:**

I undertake to inform 'The RRVA' of any changes in my contact details and Banking details in good time to avoid a default in my membership.

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

.....  
SIGNATURE

Assisted by:

FOR OFFICE USE:  
Agreement reference number: