randpark ridge RRVA village association

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: _____

First Name: _____ Surname: _____

Mobile No: _____ Email: _____

Date of Birth: _____ SARS Tax Number: _____

Physical Address: House No: _____ Street Name: _____

Postal Address: ☐ Same as Above ☐ Different from Above (Please specify below):

_____

Private Security Provider:

☐ EC Security ☐ Beagle Watch ☐ SB Security ☐Other (Please specify):_____

Spouse/Co-habitant/Tenant Contact Details:

Contact Name: _____

2nd Mobile: _____ 2nd Email: _____

DONATION DETAILS

RRVA Member Rate: R330.00 monthly **OR** R1 980 bi-annually **OR** R3 960.00 annually

RRVA Pensioner Rate: R250.00 monthly **OR** R1 500.00 bi-annually **OR** R3 000.00 annually

Payment Frequency: ☐ Monthly ☐ Bi-annually ☐ Annually

☐ PAYEMNT OPTION 1: ELECTRONIC FUNDS TRANSFER (EFT)

Banking Details: FNB | Branch Name: RANDPARK RIDGE | Branch Code: 255955 | Current Account: 63114551682
Reference: *Your RRVA Membership Number e.g. RRVA1234 (to be provided upon receipt of this form)*

☐ PAYMENT 0PTION 2: BANK DEBIT ORDER INSTRUCTION

Debit Amount: _____ Account Holder: _____

Bank: _____ Branch: _____

Account Number: _____

Type of Account: ☐ Current/Cheque ☐ Savings ☐ Transmission

NOTE: *Commencement date is the first day of the next month* Starting Month: _____

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TERMS AND CONDITIONS

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 one calendar month, and sent by email or delivered to our address indicated above.

On the 1st 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.

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.

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.

Furthermore, my signature below indicates that I have read and understood the membership Terms & Conditions, Mandate, Cancellation and Communication.

Signed at _____ on this _____ day of _____ 20___

_____
SIGNATURE