Faerie Glen Nature Village
A Non-Profit Company
Registration No: 2021/991209/08
Admin tel: 061 502 0162

Unit C3
The Woods Office Park
41 De Havilland Crescent
Persequor Park
Pretoria 0081

FGNV Contributor Information & Payment instruction via debit order

(Complexes & Estates)

RESIDENT / ACCOUNT HOLDER DETAILS:

Title:_____ Full Name (s):_____ Surname:_____

ID no.: _____ Contact no.: _____

Alternative (Emergency) contact person: _____ Contact no.: _____

Email address: _____ FGNV Acc. Nr: _____

Residential (Faerie Glen Nature Village) Address: No:_____ Street:_____

Complex Name: _____ Section / Unit no.: _____

Current armed response security provider: _____

BANK ACCOUNT DETAILS:

Bank Name:_____ Branch Name / Town: _____

Branch Code: | | | | | | | | |

Account Nr: | | | | | | | | | | | |

Account type: ☐ Current (Cheque)
☐ Savings / Transmission

DEBIT ORDER INSTRUCTION DETAILS:

Debit order effective date: | D | D | M | M | Y | Y | Y | Y |

I/We the undersigned hereby authorize Faerie Glen Nature Village to issue and deliver instructions to your banker for collection against my /our above mentioned account at my /our above mentioned bank as follows:

☐ a Monthly contribution of R60 (to be adjusted annually with CPI) and

☐ Outstanding 1st and/or 2nd phase deposit balance over a period of 12 months

OTHER PAYMENT UNDERTAKING:

☐ I/We undertake to pay the full 1st and/or 2nd phase deposit once off by | D | D | M | M | Y | Y | Y | Y |

DIRECTORS
JW Botes BA(LOG) - Chair, HJ Botes BCom.Acc - Admin, GJ van der Merwe, MSc Real Estate - Communication,
LN Cahill Dipl Engineering - Tech Advisor, C Jansen, - Social & Events

www.fgnv.co.za

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TERMS AND CONDITIONS:

I/We the undersigned hereby accept and understand the following terms and conditions in respect of the abovementioned payment instruction:

1. The payment instruction may be debited against my account on the 1st day of every month.
2. When the 1st day of the month falls on a weekend or public holiday, the payment instruction may be debited against my account on the following business day.
3. To allow for tracking of dates to match with flow of Credit at additional cost to myself.
4. Costs per transaction and/or rejections, as charged by the bank and Faerie Glen Nature Village, will be additional cost to myself.
5. Proof of banking details confirming the information provided in this payment instruction must accompany this instruction by means of a confirmation letter with a date stamp younger than 3 months.
6. This payment instruction will be revoked if:
   6.1 should this payment instruction fail to be debited to my account for two consecutive months, OR
   6.2 when the unit is being sold, OR
   6.3 I/we the undersigned give at least thirty (30) days written notice prior to the next payment instruction deduction date.
7. Payment instructions issued by you shall be treated by my/our abovementioned bank as if the instructions had been issued by me/us personally.
8. This authorisation may be cancelled by giving thirty (30) days' written notice, but such cancellation will not affect any amounts legally owed prior to the date of cancellation.

Signed at _____on this_____ day of_____ month, year 20____.

_____

SIGNATURE AS USED FOR OPERATING ON THE ACCOUNT

FOR OFFICE USE ONLY:

Confirm quick ref. number: | | | | | | | | |

_____ _____

AUTHORISED BY SIGANTURE

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