



Faerie Glen Nature Village  
 A Non-Profit Company  
 Registration No: 2021/991209/08  
 c/o ProAdmin  
 Central Office Park, Building 7  
 257 Jean Avenue, Centurion, 0157  
 Admin: 082 826 7596  
 E-pos: info@fgnv.co.za

**FGNV Contributor Information & Payment instruction via debit order**

**RESIDENT / ACCOUNT HOLDER DETAILS:**

Title: \_\_\_\_\_ Full Name (s): \_\_\_\_\_ Surname: \_\_\_\_\_  
 ID no.: \_\_\_\_\_ Contact no.: \_\_\_\_\_  
 Alternative (Emergency) contact person: \_\_\_\_\_ Contact no.: \_\_\_\_\_  
 Email address: \_\_\_\_\_ ProAdmin ref 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: 

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 Account Nr: 

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Account type:  Current (Cheque)  
 Savings / Transmission

**DEBIT ORDER INSTRUCTION DETAILS:**

Debit order effective date: 

0	1	M	M	Y	Y	Y	Y
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I/We the undersigned hereby authorize Pro Admin (PTY) Ltd 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 R180 ( to be adjusted annually with CPI) and
- Outstanding 1<sup>st</sup> and/or 2<sup>nd</sup> phase deposit balance over a period of 12 months

Kindly note that in order to implement the attached Debit order, please include the following supporting documents: **Bank Confirmation Letter** (Not older than three months) and **Copy of ID of account holder** (ID Card – front & back on one page)

**OTHER PAYMENT UNDERTAKING:**

I/We undertake to pay the full 1<sup>st</sup> and/or 2<sup>nd</sup> phase deposit once off by

	D	D	M	M	Y	Y	Y	Y
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Directors: Z Botes, BA(log), Dip (Rem Edu) – Chair, H Botes, BCom(Acc) – Operations,  
 GJ van der Merwe, MSc Real Estate – Communications, L Middel, CA(SA) – Finance, A Loubser, Dip Culinary – Secretary,  
 C Jansen, – Social & Events, L Cahill – CCTV Monitoring



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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 Pro Admin (Pty) Ltd, 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:

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\_\_\_\_\_  
AUTHORISED BY

\_\_\_\_\_  
SIGNATURE



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