



LEGENDS FUND DEBIT ORDER FORM

Thank you for choosing to invest in the Kingswood Legends Fund. Once complete, please email this form to legacy@kingswoodcollege.com for processing.

Personal Details

Full Name _____

I am acting on behalf of an Individual Company Trust/Organisation

Company/Org/Trust Name _____ (If applicable)

Address _____

Contact Number (Mobile) _____

Email Address _____

Alumni Class of: _____ Matric Bridging Year N/A

I _____ hereby grant permission for Kingswood College to arrange with my bank for the payment of the sum of R_____ in terms of this application from my bank account as follows:

Authority and Mandate for payments Instruction

Given by (name of Accountholder) _____

Address _____

Bank _____

Branch and Code _____

Account Number _____

Type of Account Current (cheque) Savings/Transmission

This amount will be for the credit of the Kingswood College Legends Fund. Debit my account on the 7th of each month ("Debit Day") commencing in the month of _____ 20____ ("Start Date").

Please increase my debit order amount by 6% or Custom amount: _____ % each year on the anniversary of my debit order commencement date.

Abbreviated short name as registered with the acquiring bank: KINGSWOOD

I/We hereby authorise Kingswood College to issue and deliver payment instructions to your banker for



collection against my/our abovementioned account at my/our abovementioned 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.

I/we agree that the first payment instruction will be issued and delivered on the "Start Date" and thereafter regularly on the "Debit Day" of each month. 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 canceled 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.

Mandate

I/we acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned 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 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. This authority may be cancelled by me by giving thirty (30) days' notice in writing to the College by e-mail to legacy@kingswoodcollege.com.

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 at _____ on this _____ day of _____

(Signature as used for operating on the account)

Assisted By (Where legally necessary)

Capacity

For office use only

The Contract/Agreement reference number _____

For details regarding international contributions, or once-off gifts, please contact the Kingswood College Foundation office on legacy@kingswoodcollege.com or +27 46 603 6600.