



SOUTH AFRICAN PETROL ATTENDANT UNION

INDEPENDENTLY AUDITED BY DEPARTMENT OF LABOUR SOUTH AFRICA
WEST TOWER, 2ND FLOOR, NELSON MANDELA SQUARE, MAUDE ST, SANDOWN, 2146,
JOHANNESBURG, SOUTH AFRICA
SAPAU HEAD OFFICE TEL: 064 678 7464

SUID AFRIKAANSE PETREL BESIGTER UNIE

AUTHORITY AND MANDATE FOR PAYMENT INSTRUCTIONS

<p>To: _____</p> <p>This signed Authority and Mandate refers to a Membership Payment Agreement of the South African Petrol Attendant Union in terms of the General Regulations of Security Act 42 of 2002.</p> <p>A. AUTHORITY</p> <p>I, _____ (Name of Debtor(s) / Consumer)</p> <p>_____ (Identity Number(s)) of _____ (Address of Debtor(s) / Consumer)</p>	<p>I recognize and accept that the Debit Order and / or NAEDO instructions will emanate from you and thus give you authority to collect from my bank account the amounts as indicated in the Membership Payment Agreement.</p> <p>I further accept that, in the event that the collection/s becomes unpaid for whatever reason, I will be liable for any unpaid fees and penalty fees that may apply.</p> <p>I agree that the first payment instruction will be issued and delivered on or after _____ (date on which you want the first deduction to commence). In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the previous ordinary business day. Payment instructions due in December may be debited against my account on 15 December or 31 December.</p> <p>Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Debt Repayment Plan have been paid or alternatively, the Membership Payment Agreement has been cancelled on the South African Security Union system for whatever reason.</p> <p>B. MANDATE</p> <p>I hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other 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 <u>Payment Start date</u> and continuing until this Authority and Mandate is terminated by me by giving Sapau three months' written notice in terms of the provisions of Sapau's Constitution, and sent by fax or e-mail to Sapau Headquarters to the contact details as shown on Sapau's website at www.sapau.co.za.</p> <p>C. CANCELLATION</p> <p>I also understand that I/we cannot reclaim amounts which have been withdrawn (paid) from my/our account in terms of this authority and mandate if such amounts legally owed in terms of the Membership Payment Agreement.</p> <p>D. ASSIGNMENT</p> <p>I acknowledge that this authority may be ceded or assigned to a third party if the Membership Payment Agreement is also ceded or assigned to that third party.</p> <p>Signed at on this..... day of</p> <p>..... Signature as used for operating on the account</p>
<p>hereby authorize</p> <p>South African Petrol Attendant Union Abbreviated name (as on bank statement) SAPAU of</p> <p>Postal Address & Physical Address: WEST TOWER, 2ND FLOOR, NELSON MANDELA SQUARE, MAUDE ST, SANDOWN, 2146, JOHANNESBURG, SOUTH AFRICA</p> <p>TEL & E-mail Address: TEL: 064 678 7464 E-mail: sapau.legal@gmail.com or sapaurecruit@gmail.com</p> <p>to issue and deliver payment instructions to your banker for collection of R56.00 against my bank account, being:</p> <p>NAME OF BANK : _____</p> <p>NAME OF BRANCH : _____</p> <p>BRANCH NUMBER : _____</p> <p>ACCOUNT NUMBER : _____</p> <p>TYPE OF ACCOUNT: CURRENT / CHEQUE SAVINGS / TRANSMISSION</p> <p>Subject to the condition that the sum of such payment instruction/s will not exceed my/our obligations as agreed to in the Membership Payment Agreement and/or my responsibility for any unpaid fees.</p>	

Payment amount of membership fee may be adjusted as and when decided to in terms of the Constitution of SAPAU through its managerial structures. Delivery to my bank of a certified copy of such managerial resolution is sufficient authority for the adjusted deduction of the membership fee. I hereby also confirm & authorize that the date of signing this mandate is in no way to be used by my bank or any other party as a reason for refusal to execute the authority and mandate contained herein.

RECRUITED BY:

Initials: _____ Surname: _____ Id no.: _____ Tel/Cell nr. _____