



MISSION WITHOUT BORDERS

Please fill in this form (BLOCK CAPITALS), ticking the appropriate boxes.

- Yes, I/We would like to sponsor FAMILY # _____
- I would like to become a Prayer Partner.

Title _____ **Initials** _____

Surname _____

Postal Address _____

Postal Code _____

Telephone - Home _____ **Fax** _____

Telephone - Work _____ **Cell Phone** _____

Email Address _____

ID Number _____

A. Authority

Given by (ACCOUNT HOLDER)

Account type: **Current** **Savings** **Transmission**

Bank: _____ **Branch code:** _____

Account Number: _____

Account holder's Name: _____

Amount: **R240** **R480** **R720** **R960**
1 part of a Family 2 parts of a Family 3 parts of a Family Full Family

Date: **2nd** of every month **18th** of every month

To (BENEFICIARY DETAILS)

Name: Mission Without Borders S.A.
Abbreviated Name: MWBSA
Contact Number: 012 345 1467
Address: Route 21 Corporate Park, 25 Sovereign Drive, Milestone Place Block B, Unit 5, Irene, 0157

I/We 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 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 and continuing until this Authority and Mandate is terminated by me/us by giving you one calendar's month notice in writing.

The individual payment instructions so authorised to be issued must be issued and delivered monthly (on the specified day of every month). In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I/We also understand that details of each withdrawal will be printed on my bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned Bank as if the instructions have been issued by me/us personally.

C. 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.

D. 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, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

E. The Agreement reference: MWBSA

Signed at _____ on this _____ day of _____

SIGNATURE OF ACCOUNT HOLDER

Date:
Day Month Year