

Should you wish to contribute to Siyanceda on a monthly basis, a simple easy way to do this is via debit order.  
Simply fill in the form below and fax or post it back to us



**SIYANCEDA**  
**We help**

***Please complete this form and  
mail or fax back to us***

Siyanceda Africa Relief  
P/Bag X9027 | East London  
5200 | South Africa

Tel: +27 (0)43 711 4800  
0861 RIVERS (748377)  
Fax: +27 (0)43 711 4915

admin1@siyanceda.co.za  
siyanceda.co.za

NAME & SURNAME: .....

ADDRESS: .....

TELEPHONE: ..... EMAIL:.....

ACCOUNT HOLDERS NAME: .....

BANK/BUILDING SOCIETY: .....BRANCH:.....

ACCOUNT TYPE: SAVINGS  CHEQUE/CURRENT  TRANSMISSION

ACCOUNT NUMBER: .....BRANCH CODE:.....

REFERENCE: .....

(Please state what project you want to support by writing the project name above)

*I hereby authorise **Siyanceda Africa Relief** to draw against my account with the above mentioned bank (or another bank to which I may transfer my account) the sum of R..... (in words .....)  
On the first of each month. These withdrawals will continue on a monthly basis comencing on .....*

*All such withdrawals from my account shall be treated as though they had been signed by me personally. I agree to pay a penalty of R30.00 should this debit order not be honoured on the agreed date, and any other bank charges relating to this debit order instruction.*

*This authority may be cancelled by me by giving **Siyanceda Africa Relief** 30 days notice in writing, but understand that I will not be entitled to any refund of amounts withdrawn while this authority was in force. Receipt of this instruction by you shall be regarded as receipt thereof by my bank*

Date: ..... Signature (of account holder) .....