

DEBIT ORDER FORM

Name of Account Holder: _____

Bank Account Details:

Bank / Building Society: _____

Branch: _____

Branch Code:: _____

Account Number: _____

Ammount to be charged monthly: R _____

AFRICASWIFT (PTY)LTD will charge my account on the first of each month.

It is hereby agreed that this authority shall remain in force until cancelled in writing, two months notice of such cancellation being given.

Signed At _____ on _____

Signature _____

Witness _____

Address:

16 Berg Street
Gordons Bay 7140
Cape Town (South Africa)

Bank: ABSA

Branch: Stellenbosch
Branch Code: 632-656
Account No: xxx xxxxxxxxx

Contact:

Tel: 021 856 4795 Int:+27 21 856 4795
Fax: 021 856 4227 Int:+27 21 856 4227
eMail: admin@africaswift.com

www.africaswift.com

Directors: Mario Delaquis - Lukas Reichmuth