

HELDERBERG

COMMUNITY POLICING

t/a HELDERBERG CRIME WATCH

a Non-profit Company registered in terms of Section 21 of the Companies Act 61, as amended (Registration No. 2000/026009/08)



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SOMERSET WEST 7129
Unit 3, 6 Edgar Street
SOMERSET WEST
Tel: 021 852-3118
Fax: 021 852-7246
E-mail: hwatch@telkomsa.net
Website: www.hcw.org.za

AGREEMENT entered into by and between HELDERBERG COMMUNITY POLICING (Hereinafter referred to as the "Helderberg Crime Watch" (HCW)

and
(your full name)

the undersigned (hereinafter referred to as the Contributor) agree to support HCW and to make good my terms of payment when requested on the understanding that my contribution will be for not less than one calendar year's subscription and will be renewable annually. Should special circumstances necessitate cancelling this agreement I will give **two calendar months notice in writing** of my intention to terminate my contribution. Details of the service offered have been fully explained to me.

LIMITATION OF LIABILITY

The contributor hereby indemnifies HCW against all and any claims that may be made against HCW arising directly or indirectly from carrying out of the services in the Wards.

Whilst HCW undertakes to render its services to the contributors by exercising due care and skills, HCW shall not be liable to the contributors in respect of or in pursuant to any loss, liability, injury, damage or claims whatsoever nature whether arising from rendering and not rendering or attempted rendering by HCW to the contributors in the Wards.

AMOUNT PAYABLE: R p/m from/...../.....

Terms of payment: (please tick preference)

- Debit Order (monthly deduction)
- Cash payment R
- Electronic (monthly payment)
- Up-front for a period of _____ months R.....

HCW banking details:

Account Name : Helderberg Community Policing
Bank : Standard Bank (Helderberg)
Account No. : 072316780
Branch Code : 033012

Cheques to be made out to:

Helderberg Community Policing

Any other contact person: (Key holder)

Name:

Cell: (h)

If you have alternate residency either within South Africa or beyond the borders, please supply the following contact details:

Country:

Postal address:

..... Postal Code:

Fax Number: (Intl. Code) (Number)

Alternate E-mail:

AUTHORISATION for subscription by DEBIT ORDER to Helderberg Community Policing.

I hereby instruct the bank at which my account is held to debit (cheque/savings/transmission) account, on the first day of each month subsequent to the date of this debit order for a period of 12 consecutive months and to pay the sum to the order of Helderberg Community Policing. This order shall remain in force for a period of not less than 12 months and shall automatically be renewed for further periods of 12 months unless cancelled by me in writing at least **2 calendar months prior to the expiration** of any 12 months period.

MY PERSONAL DETAILS (Please print)

Ward No.:

Surname:

First name:

Street address:

..... Postal code:

Postal address:

.....Postal code:

Tel. (h): (w)

Cell: (f)

E-mail 1:

E-mail 2:

PLEASE DEBIT MY

Savings Cheque Transmission Acc.

with R..... p/m.....
(amount in words)

with effect from the first day of 20.....

In the event of my debit order being stopped or reversed due to insufficient available funds, or any other reason whatsoever, I agree to a double payment plus associated bank charges, being deducted in the month following any such non-payment.

Name of account holder:

Name of bank:

Account no.:

Branch Code:

(Please delete this block if not paying by debit order)

Signature: Date:

FOR OFFICE USE: Ref #: JC / Sign affixed to property: YES / NO

PLEASE CONTACT JACQUES COETZEE (082-712 4314) AFTER COMPLETION OF THIS DOCUMENT. WE WILL COLLECT THE DOCUMENT IN PERSON AND ACTIVATE YOU IMMEDIATELY.

Directors: Jenny Findlay (Chairperson), Tielman de Waal, (Vice Chair parson) John Middleton, Valentino Jeftha, Peter Brand, Leonard Knipe, Julia van Eden.

Revised : 25 February 2010