

**Helderberg Community Policing  
NPC**  
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)



**PO Box 1037 Somerset Mall 7137  
Unit 112, Wentworth Building,  
Links Office Park.  
De Beers Road, Somerset West**  
Tel: 021 852 3118  
email: admin@hcw.org.za  
website: www.hcw.org.za

**AGREEMENT** entered into by and between HELDERBERG  
COMMUNITY POLICING (NPC). (Hereinafter referred to as the  
"Helderberg Crime Watch" (HCW) and (your full name)

**Type of Contributor:** (Please select)

- Business - ±R200       Rural - On Enquiry  
 Domestic - R135       Complex - On Enquiry  
 Pensioner - R82

"The above rate can be subject to change, depending on  
operational costs"

**Profile Number:** .....  
(to be filled in by HCW (NPC). office)

**MY PERSONAL DETAILS** (Please complete)

**First Name:** .....

**Surname:** .....

**Street address:** .....

..... **Postal code:** .....

**Postal address:** .....

..... **Postal code:** .....

**Tel. (h):** ..... **(w):** .....

**(c):** ..... **(c):** .....

**email 1:** .....

**email 2:** .....

**Any other contact person: (Key holder, Family member)**

**Name:** .....

**Cell:** ..... **(h):** .....

I, 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. This agreement will automatically continue after the expiry of the annual period unless cancelled by the Contributor in writing. Should special circumstances necessitate cancelling this agreement, I will give **two calendar months' notice in writing** of my intention to terminate my contribution. I understand that it is my responsibility to inform you of any changes to my details as is necessary. Details of the service offered have been fully explained to me.

**Signature:** .....

**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.

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

*As a Contributor to HCW, you will be issued a notice board which you may attach to your property. If you cease to be a Contributor, this notice board must be removed, and HCW cannot be held liable in any way, for any reparations of damaged or unpainted surfaces where it was originally mounted.*

**PLEASE CONTACT: DI (021 852 3118) AFTER COMPLETION OF THIS DOCUMENT. PLEASE EMAIL TO admin@hcw.org.za & I WILL ACTIVATE YOU IMMEDIATELY.**

**AUTHORISATION** for subscription by DEBIT ORDER to Helderberg  
Community Policing (NPC).

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 (NPC). 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 expiration.**

**PLEASE DEBIT MY**

- Savings     Cheque     Transmission Account

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

with effect from the ..... 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:** .....

**The signed Authority and Mandate refers to our contract as** dated as on signature hereof ("the Agreement"). I/We hereby authorise you to issue and deliver payment instructions to the bank for collections 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 the commencement and continuing until this Authority and Mandate is terminated by me/us by giving you notice in **writing of no less than two calendar months**, and sent by prepaid registered post or delivered to our address as indicated above.

**Debit order "Payment" dates: 1<sup>st</sup>;5<sup>th</sup>;10<sup>th</sup>;15<sup>th</sup>;20<sup>th</sup>;25<sup>th</sup> or 30<sup>th</sup> of each month.**

On the \_\_\_\_\_ day ("payment day") of each month commencing on \_\_\_\_\_. In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account.

**Signature:** ..... **Date:** .....