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

Profile Number: ……..

MY PERSONAL DETAILS *(Please print)*

Surname: ……..…….…….....

First name: …….....……..……

Street address: …….……

……..……..…. Postal code: ……..……

Postal address: ……..

……Postal code: .....

Tel. (h): ..…….....…….....… (w) …….....……

Cell: ..... (f) .....

E-mail 1: ……..…….....

E-mail 2: ……..…….....

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.

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

Name: ……

Cell: …….....…… (h) .....……

FOR OFFICE USE: **Ref #:office / _____** **Sign affixed to property: YES / NO**

Type of Contributor: (Please tick preference)

[ ] Domestic
[ ] Rural
[ ] Business
[ ] Pensioner
[ ] Complex

PAID MONTHLY BY DEBIT ORDER.
PLEASE COMPLETE DETAILS BELOW

Upfront Contributor:

[ ] Annual
[ ] Half Yearly
[ ] Quarterly

HCW banking details for Upfront Contributors:

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

Cheque to be made out to:
Helderberg Community Policing

AMOUNT PAYABLE: R……..…-…..…. from ……./…../……

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.

PLEASE DEBIT MY

[ ] Savings [ ] Cheque. [ ] Transmission Acc.

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:
…….....

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

Signature: …… **Date:** ……..