INTERNATIONAL
POLICE ASSOCIATION
SOUTH AFRICAN SECTION
SERVO PER AMIKECO
SERVICE THROUGH FRIENDSHIP

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P.O. Box 11608
Queenswood
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https://ipasafrica.co.za
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+27 86 689 0323
42 Lynette Street
Kilner Park
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0186
admin@ipasafrica.co.za
membership@ipasafrica.co.za

DEBIT ORDER MANDATE FORM

OFFICE USE ONLY
MEMBERSHIP NUMBER: **ZA** _____

Please complete clearly in BLOCK letters & submit by Email or Fax To:
E-mail: ***membership@ipasafrica.co.za*** **or Fax:** ***086 689 0323***

The Debit Order MUST be completed by ALL Non-Serving Members of the SAPS (SA Police Service)

*** SURNAME**																				
*** INITIALS**					*** ID NO**															
*** EMAIL ADDRESS**																				
*** POSTAL ADDRESS**																				
*** SUBURB**																				
*** CITY/TOWN**																				
*** PROVINCE/STATE**														*** POSTAL CODE**						

TERMS & CONDITIONS

I, Hereby authorise ***IMAGIN8, Insure Group Managers Ltd***, or their authorized Third Party (Herein after referred to as ***Epic***) to draw against my bank account the contracted value in terms of an authority / mandate from the ***International Police Association (IPA), South Africa,*** to collect and manage funds in respect of ***Membership Fees*** between the ***IPA*** and me as Account Holder for which I extend this authority to be deducted by debit order.

- I further authorise Imagin8 to increase or reduce such amounts due from time to time to reflect any change to the Agreement, including changes in the base agreement cost, additional services, products, transactional costs as communicated to Imagin8 by the **IPA**.
- I understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks and I also understand that details of each withdrawal will be printed on the bank statement, with the reference prefix "***IMAGIN8 IPA …….***".
- I further authorise Imagin8 to deposit directly into the below account any amount which may be due to me in respect of any refund amounts and that all debit instructions issued by Imagin8 shall be treated by my below mentioned bank as if the instructions had been issued by me personally
- I acknowledge that in the event that the payment day falls on a Sunday, or recognised South African public holiday, the debit day will automatically be the preceding ordinary business day and
- That I shall not be entitled to any refund of amounts that is withdrawn while this authority was in force, if such amounts were legally due and that this authority remains in force until cancelled in writing by me.

AMOUNT (RAND)	**R** 420.00																			
BANK																				
ACCOUNT NUMBER																				
ACCOUNT HOLDER NAME																				
BRANCH NAME																				
BRANCH NUMBER																				

ACCOUNT TYPE	**Cheque/Current**		**Savings**		**Transmission**	

ACCOUNT HOLDER AUTHORISATION: *I hereby acknowledge that the annual fee as applicable for Membership to IPA South Africa will be deducted from the above mentioned account and agree to the Terms & Conditions stated on this mandate.*

SIGNED AT: _____ **the** _____ **Day of** _____ **In the Year** _____

Signature: _____ **Initials & Surname :** _____
(Signature as used for operating on this account)