

DEBIT ORDER FORM



CAPE TOWN CREATIVE ACADEMY

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COMPANY REG NO: 2011/11996/07

TO:

CAPE TOWN CREATIVE ACADEMY

Abbreviated name as registered

with the bank: CTCA

The Old Biscuit Mill

373 Albert Road

Woodstock, 7915

Cape Town South Africa

FROM:

Student no -----

Student name & surname -----

Debtor name & surname -----

Debtor ID no -----

Email -----

Address -----

Code -----

Contact no -----

Dear Sir/Madam, the details of my/our account is as follows:

Account holder name & surname _____

Bank _____ Type of account: _____

Branch name & town _____ Branch Code _____

Account no _____

Monthly debit amount R _____

Commencement date (**1st OR 15th**) _____ February to _____ November _____

This 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 collection against my / our

PROGRAMME	CODE	CHE REFERENCE NUMBER	SAQA REGISTRATION NUMBER	NQF LEVEL
Bachelor of Arts in Communication Design	BA (CD)	H/PR624/E001CAN	93546	7
Bachelor of Arts in Contemporary Art	BA (CA)	H/PR624/E004CAN	97970	7
Bachelor of Arts in Interaction Design	BA (ID)	H/PR624/E002CAN	91116	7
Bachelor of Arts in Motion Design	BA (MD)	H/PR624/E003CAN	93545	7

Board of Directors: Theo Pauw | Ivan Pauw | Francisca Gebert | Francois Jonker | Gustav Vermeulen. | Nigel Tattersall

Reg No: 2011/119961/07

All programmes offered by the Cape Town Creative Academy (Pty) Ltd are accredited by the Council on Higher Education and registered on the National Qualifications Framework on level 7 by the South African Qualifications Authority. The Cape Town Creative Academy is provisionally registered with the Department of Higher Education and Training as a private higher education institution under the Higher Education Act, 1997. Registration Certificate: No 2014/HE07/009

abovementioned 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 date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows:

i. On the _____ day ("payment day") of each and every 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;

ii. Monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

MANDATE

I / We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned bank as if the instructions had been issued by me/us personally.

CANCELLATION

I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

ASSIGNMENT

I / We acknowledge that this Authority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____ 20_____

SIGNATURE OF ACCOUNT HOLDER _____

FOR OFFICE USE : Reference No: _____