

MEMBERSHIP FORM

Please Tick Your Option

BASE MEMBERSHIP	COMPREHENSIVE MEMBERSHIP
R50 Per Household	R400 Per Household
	Client Information
Full Name :	
Email Address:	Cell Number:
Address:	
Comprehensive Mo	embership Information
Domestic Worker or Gardener Name:	Cell Number:
Additional Employees	<u>s (+R200 Per Additional person)</u>
Domestic Worker or Gardener Name:	Cell Number:
Domestic Worker or Gardener Name:	Cell Number:
Do you have a compa If yes, please state the	iny who currently collects your recycling? e company name:
	Debit Order Amount
A Fixed Amount of R (the ar	mount necessary for payment of the monthly membership due).
D	Debit Order Processing Date
_	vill commence on (MM/YYYY) and will be concluded reement or until cancelled in writing with one month's calendar notice.
B. Debit Order Processin	g Date (Please select any date of your choice
-	draw the abovementioned amounts against my account with the below r any other bank to which I may transfer my account,
Account Holders Name	
Name of Bankers Bank Account No	Branch Code Account Type (Current/Savings)
TO: (NAME OF BENEFICIARY) Green Pu	rpose NPC

ABBREVIATED SHORT NAME AS REGISTERED WITH THE ACQUIRING BANK: REGREENPUR



Please note, if the date of the payment instruction falls on a non-processing day (weekend or public holiday), the payment instruction may be debited against your account on the following business day

C. MANDATE

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

Signed at	on this	day of	20
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Current Account Authorised Signatory

My signature hereby confirms that I am authorised to sign this Debit order Instruction form

FOR OFFICE USE ONLY

AGREEMENT REFERENCE NUMBER

THE AGREEMENT REFERENCE NUMBER IS