

Debit Order Form

To:.....

Name of Bank:..... Branch:..... Branch Code:.....

Dear Sir/Madam

Please debit my / our account with the following amount with all relative charges for payment to:

1. Banking Details

Beneficiary: Southern Africa Dawah Network

Bank: Standard Bank – Durban Branch

Bank Account Number: 050 856 294

Branch Code: 040026

2. Donate

Beneficiary: Siyabathanda Abantwana

Bank: Standard Bank – Durban Branch

Bank Account Number: 050 006 258

Branch Code: 040026

The Sum of: R.....

Repeat in words:.....

The first payment to effort on:.....

And thereafter MONTHLY on:.....

This authority is to remain in force until by me / us in writing. I / We confirm that I / we shall have no claim against the Bank in respect of any consequences or any failure on their part payment on due time.

X

Signature

X

Date

From:

Full Name:..... Tel:.....

Postal Address:.....

..... Code:.....

Name of Bank Account:.....

Bank Account Number:.....

Niyyah:.....(state your Niyyah)

Please Complete Form and Fax to: 031 304 8039