

# Jamiatul Ulama

Baitul Hamd, 32 Dolly Rathebe Road, Fordsburg, Tel: 011 373 8000 Fax: 011373 8022  
P.O. Box 42863, Fordsburg, 2033

## DEBIT ORDER

I, the undersigned, request **Jamiatul Ulama** to arrange with my bank/building society for the amounts to be drawn against my account (wherever it may be) in accordance with the debit order system.

1. Surname:	
2. First Name:	
3. Other Initials:	
4. Address:	
5. Postal address:	

### DETAILS OF ACCOUNT FROM WHICH AMOUNTS ARE TO BE COLLECTED:

Personal Account:	
Surname:	
First name:	
Initials:	
Bank:	
Branch	
Branch Code:	
Amount:	
A/C No:	

Company Account:	
Name:	
Bank:	
Branch:	
Branch Code:	
Amount:	
A/C No:	

Type of Account	<input type="checkbox"/> Cheque	<input type="checkbox"/> Saving	<input type="checkbox"/> Transmission
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First payment to be affected on (date):	
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Thereafter monthly on (date):	
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Signature of Payer:	
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Tel: (Office)	
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Tel: (Home)	
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Please fax the your completed debit order form to: 011 373 8022