



Direct Debit Authorization

This agreement is with Gondovect Properties (Reg No 2014/158396/07)
The direct debit service agreement is issued by Gondovect Properties.

Direct Debit Service Agreement

1. Our commitment to you

- a) To only debit the agreed amount as per your contribution agreements
- b) Gondovect will make sure that your contribution goes directly to the property investment or Maintenance, and a report will be given quarterly
- c) Gondovect will not disclose your details except where necessary to Gondovect Financial institution and for the purpose of conducting direct debits with your financial institution.
- d) Gondovect will give you at least 14 days notice in writing if there are any changes to the terms of the drawing arrangements.
- e) For monthly recurring subscription charges, Gondovect will draw from your nominated financial institution account normally 7 days prior to the expiry of your current accounts subtraction periods. If the due drawing date is not a business day, Gondovect will draw on the business day before or after that.

2. Your commitment to us:

- a) It is your responsibility to ensure that your nominated account can accept debits.
- b) To ensure there are sufficient funds available in the nominated account to meet each drawing
- c) Advise us if the nominated account is transferred or closed, or the account details change.
- d) Arrange an alternative payment method acceptable to Gondovect for drawing arrangements.
- e) Ensure that all account holders on the nominated financial institution account sign the direct debit authorization

A Fee of R150-00 applies if the financial institution rejects a debit order transaction Available payment methods are by bank account, direct debit or by credit card, if you wish to change your payment method, please contact Gondovect Customer Service.

3. Your Rights

- a) If you wish to alter the drawing arrangements for your next direct debit,

Service package renewal is your service does not include usage charges. Otherwise if your service does include charges, please contact Gondovect immediately to allow this change to be processed as soon as possible Gondovect cannot Guarantee that changes can be made in time for the next direct debit bit will strive to achieve this wherever possible. The drawing arrangements may include:

- a) Stopping an individual drawing
- b) Altering the DO Authorization
- c) Cancelling the DO Authorization

Where you consider that a drawing has been initiated incorrectly, you should first contact Gondovect Customer Service. If you are not satisfied with the response, please write to us: Your letter should be marked "Notice of Complain" and addressed to: 24 Risskik Street, Polokwane, 0700.

Gondovect will respond within 7 days of receiving your letter. Gondovect has formal procedures for dealing with a complaint You may also direct any disputes, stops or cancellations through your financial institutions.

4. Other Information

You should be aware that there are risks involved with providing instructions and personal information over the Internet Gondovect reserves the right to cancel drawing arrangements if drawings are dishonoured by your financial institution. Your drawing arrangements are also governed by the terms and conditions of your Gondovect account.

5. Agreement & Authorization

I / We declare that I / We have read, understood and agree to abide by the terms of the Direct Debit Service Agreement and Terms and Conditions of my / our Gondovect Contribution, and verify that I / We are over 18 years of age and able to enter into legal binding contracts.

ID Number:

Full Name:

Date: Signature:

Contribution Amount

You will receive an sms notification after registering your debit order contribution.

- R200.00
- R400.00
- R600.00
- R800.00
- R1000.00

CONTACT DETAILS DETAILS:

First Name Surname

Address

Contact Number

Cell

Email Address

Payment Dates:

15	22	30
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Direct Debit Details Payment

Please provide details of the account you wish to debit.
I/We request Gondovect Properties to draw money from my/our account conducted with.

Account Number:

Bank Name:

Branch Name:

Account Holder:

Duly Authorized Signature:

