

# SACAP

The South African College of Applied Psychology



## DEBIT ORDER FORM

ONLY TO BE COMPLETED BY THOSE SELECTING THIS PAYMENT OPTION

### AUTHORITY AND MANDATE FOR PAYMENT INSTRUCTIONS

#### A. AUTHORITY GIVEN BY\*:

\*This authority and mandate must be given in writing or electronically in terms of the Electronic Communications and Transaction Act, 2002, Chapter 3, Part 1.

(NAME OF ACCOUNT HOLDER) \_\_\_\_\_

(NAME OF STUDENT) \_\_\_\_\_

(ADDRESS) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(DATE) \_\_\_\_\_

TO: THE SOUTH AFRICAN COLLEGE OF APPLIED PSYCHOLOGY (PTY) LTD (SACAP)

Dear Sirs

REFER TO OUR CONTRACT DATED: \_\_\_\_\_

The details of my/our bank accounts are as follows:

BANK \_\_\_\_\_

BRANCH NAME AND TOWN \_\_\_\_\_

BRANCH NUMBER/CODE

--	--	--	--	--	--	--	--

ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TYPE OF ACCOUNT CURRENT (CHEQUE) / SAVINGS / TRANSMISSION

CAPE TOWN CAMPUS  
1<sup>st</sup> Floor Sunclare Building,  
21 Dreyer Street, Claremont,  
Cape Town, 7708, South Africa  
021 671 7692  
[info@sacap.edu.za](mailto:info@sacap.edu.za)

JOHANNESBURG CAMPUS  
1<sup>st</sup> Floor 1 Sixty Jan Smuts,  
160 Jan Smuts Ave, Rosebank,  
Johannesburg, 2196, South Africa  
011 447 4939  
[jhbinfo@sacap.edu.za](mailto:jhbinfo@sacap.edu.za)

PRETORIA CAMPUS  
1<sup>st</sup> Floor, North Block,  
Brookfield Office Park, 261 Middel Street,  
Pretoria, 0181, South Africa  
012 941 8550  
[info@sacap.edu.za](mailto:info@sacap.edu.za)

[www.sacap.edu.za](http://www.sacap.edu.za) • 0860 77 11 11

The South African College of Applied Psychology (Pty) Ltd  
Company Registration number: 2003/019020/07

LD Katz (CEO), Z Royeppen (MD), Dr. A Smyth (Exec), M Howe CA (SA) (Exec) and FD, Prof. B Kantor (Non-exec), Dr. M Makhoana (Non-exec), B Stephens (Non-exec)  
Registered with the Department of Higher Education and Training as a Private Higher Education Institution under the Higher Education Act, 1997.  
Registration Certificate Number: 2005/HE07/001

# SACAP

The South African College of  
Applied Psychology



I/ We hereby request “instruct” and authorize you to draw against my / our account with the above mentioned bank (or any other bank or branch to which I / we transfer my / our account) the monthly payment due as reflected on my proforma invoice in accordance with SACAP’s pricing plan

On 

1 <sup>st</sup>	25 <sup>th</sup>	31 <sup>st</sup>
-----------------	------------------	------------------

 day of each month commencing on \_\_\_\_\_ and continuing (as the case may be).

All such withdrawals from my/our account by you shall be treated as though they had been signed by me/ us personally. I/We hereby authorise you to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned bank on condition that the sum of such payment instructions will never exceed my/our obligations.

The individual payment instructions so authorised to be issued must be issued and delivered 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.

The payment instructions so authorised to be issued must carry a number, which number must be included in the said payment instructions and if provided to you should enable you to identify the Agreement. The said number should be added to this form in section E before the issuing of any payment instruction and communicated to me directly after having been completed by you.

I/ We agree that the first payment instruction will be issued and delivered on or after \_\_\_\_\_ (date). Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me/us by giving you notice in writing of not less than 30 days’ notice in writing, sent by prepaid registered post or delivered to your address indicated below and signed for by a member of the finance department.

I/ We agree to pay any bank charges relating to this debit order instruction.

I/ We hereby consent to and authorize The South African College of Applied Psychology (Pty) Ltd’s investigation into the credit worthiness of me as applicant.

## 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 also understand that I/we cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts were legally owing to you.

## ASSIGNMENT:

I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

**CAPE TOWN CAMPUS**  
1<sup>st</sup> Floor Sunclare Building,  
21 Dreyer Street, Claremont,  
Cape Town, 7708, South Africa  
☎021 671 7692  
✉ [info@sacap.edu.za](mailto:info@sacap.edu.za)

**JOHANNESBURG CAMPUS**  
1<sup>st</sup> Floor 1 Sixty Jan Smuts,  
160 Jan Smuts Ave, Rosebank,  
Johannesburg, 2196, South Africa  
☎011 447 4939  
✉ [jhbinfo@sacap.edu.za](mailto:jhbinfo@sacap.edu.za)

**PRETORIA CAMPUS**  
1<sup>st</sup> Floor, North Block,  
Brookfield Office Park, 261 Middel Street,  
Pretoria, 0181, South Africa  
☎012 941 8550  
✉ [info@sacap.edu.za](mailto:info@sacap.edu.za)

🌐 [www.sacap.edu.za](http://www.sacap.edu.za) • ☎0860 77 11 11

The South African College of Applied Psychology (Pty) Ltd  
Company Registration number: 2003/019020/07

LD Katz ( CEO), Z Royeppen (MD), Dr. A Smyth (Exec), M Howe CA (SA) (Exec) and FD, Prof. B Kantor (Non-exec), Dr. M Makhoana (Non-exec), B Stephens (Non-exec)  
Registered with the Department of Higher Education and Training as a Private Higher Education Institution under the Higher Education Act, 1997.  
Registration Certificate Number: 2005/HE07/001

# SACAP

The South African College of Applied Psychology



---

SIGNATURE AS USED FOR OPERATING ON THE ACCOUNT

---

ASSISTED BY

---

CAPACITY

AGREEMENT REFERENCE NUMBER *(FOR OFFICE USE ONLY)	
AGREEMENT REFERENCE NUMBER IS:	

---

**CAPE TOWN CAMPUS**

1<sup>st</sup> Floor Sunclare Building,  
21 Dreyer Street, Claremont,  
Cape Town, 7708, South Africa  
☎ 021 671 7692  
✉ [info@sacap.edu.za](mailto:info@sacap.edu.za)

---

**JOHANNESBURG CAMPUS**

1<sup>st</sup> Floor 1 Sixty Jan Smuts,  
160 Jan Smuts Ave, Rosebank,  
Johannesburg, 2196, South Africa  
☎ 011 447 4939  
✉ [jhbinfo@sacap.edu.za](mailto:jhbinfo@sacap.edu.za)

---

**PRETORIA CAMPUS**

1<sup>st</sup> Floor, North Block,  
Brookfield Office Park, 261 Middel Street,  
Pretoria, 0181, South Africa  
☎ 012 941 8550  
✉ [info@sacap.edu.za](mailto:info@sacap.edu.za)

🌐 [www.sacap.edu.za](http://www.sacap.edu.za) • ☎ 0860 77 11 11

The South African College of Applied Psychology (Pty) Ltd  
Company Registration number: 2003/019020/07

LD Katz ( CEO), Z Royeppen (MD), Dr. A Smyth (Exec), M Howe CA (SA) (Exec) and FD, Prof. B Kantor (Non-exec), Dr. M Makhoana (Non-exec), B Stephens (Non-exec)  
Registered with the Department of Higher Education and Training as a Private Higher Education Institution under the Higher Education Act, 1997.  
Registration Certificate Number: 2005/HE07/001