



ACADEMY

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2nd Floor West Tower
Nelson Mandela Square
Maude Street
Sandown
Johannesburg
2146

IT SA Computer Services & Solutions (Pty) Ltd. Trading as IT Academy (Reg. No. 2008/000582/07)

BANK DEBIT ORDER INSTRUCTION FORM/CREDIT REQUEST

Student Name : _____

ID No.: _____

Address: _____

Contact No: _____

Contact Contact No 2: _____

Abbreviated name as registered with the bank: **IT SA COMP**

A) Total course fee: R _____

B) Deposit Paid: R _____

C) Monthly Debit Amount: R _____ x _____ installments

Commencement Date: _____

DETAILS OF MY / OUR BANK ACCOUNT ARE AS FOLLOWS:

Bank: _____

Account Name: _____

Account No.: _____

Branch Code: _____

Type of Account: _____ (Savings/Cheque-urrent/Transmission)

This signed Authority and Mandate refers to my / our contract concluded with IT SA Computer Services & Solutions (Pty) Ltd ("IT Academy") which incorporates by reference my / our acceptance of IT Academy's terms and conditions which I / we have agreed to on registration ("the Agreement"). I / We hereby request and authorise IT Academy to issue and deliver payment instructions to my / our abovementioned bank for collection against my / our abovementioned account (or any other bank or branch to which I / we may transfer my / our account) on the _____ day ("payment day") of each and every month commencing on the Commencement Date stipulated above in respect of the Monthly Debit Amount instalments stipulated above, on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement.

In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, IT Academy is entitled to track my / our account and re-present the instruction for payment as soon as sufficient funds are available in my / our account.

I / We understand that the withdrawals authorised in terms of this Authority and Mandate will be processed through a computerized system provided by the South African Banks and I / we also understand that details of each withdrawal will be printed on my / our bank statement. Each transaction will contain a payment reference which must be included in the said payment instructions and should enable me to identify payments in respect of the Agreement on my / our bank statement. A payment reference is added to this form before the issuing of any payment instruction.

MANDATE

I / We acknowledge that all payment instructions issued by IT Academy shall be treated by my / our abovementioned bank as if the instructions had been issued and signed by me / us personally.

CANCELLATION

I / We agree that although this Authority and Mandate may be cancelled by me / us by giving IT Academy 30 days' notice in writing sent by prepaid registered post or delivered to IT Academy's address indicated above, any such cancellation will not cancel the Agreement between me / us and IT Academy, and I / we shall not be entitled to any refund of amounts which IT Academy has withdrawn under this Authority and I/we shall remain responsible for the timeous payment of the full total course subscription fee cost reflected in A) above and the full total course cost as initially quoted by I T Academy.

ASSIGNMENT

I / We acknowledge that this Authority and Mandate may be ceded or assigned to a third party if the Agreement is also assigned to that third party, but in the absence of such assignment of the Agreement this Authority and Mandate may not be ceded or assigned to a third party.

DECLARATION OF CREDIT WORTHINESS

I/we declare that I/we have and will maintain the necessary income and/or resources to pay all amounts due in respect of the Agreement and make this credit request freely of my/our own choice.

Signed at: _____ on this _____ day of _____ 20_____.

SIGNATURE AS USED FOR SIGNING ON ACCOUNT

NAME

Student Number : _____(Office Use) Approved _____