

E-Mails: admin@pandorewards.co.za

PLEASE RETURN FORM WITH COPY OF ID AND LOGO

Call or Whatsapp Admin: 0812599045 Call or Whatsapp Sales: 0645110401

SECTION 1: MEMBER CONTACT INFORMATION

BUSINESS NAME			
OWNER NAME			
OWNER CONTACT		BUSINESS NR	
E-MAIL		ALTERNATIVE	
TYPE OF BUSINESS		ID Number	

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBERSHIP	DESCRIPTION	Office Use Only
PAYMENT METHOD	Debit Order (R79 Monthly) [Payment options: Recurring payment arranged with bank OR a mandate submitted from our Admin office. FNB TO CREATE SCHEDULED PAYMENT ON THE APP] (R250 Once-off, sign up Admin Fee) Direct EFT Payment or Card payment at PANDO (PTY) Ltd FNB Savings Account, Account nr 62838107812	

SECTION 3: BUSINESS AGREEMENT

INDICATE THE DISCOUNT OR OFFER THE BUSINESS OFFERS.

MERCHANTS AGREE TO GIVE 30 DAYS NOTICE OF CANCELLATION.

Please supply Member/Business bank account details:

BANK : _____
ACCOUNT NAME : _____
ACCOUNT NO. : _____ **BRANCH CODE :** _____
TYPE OF ACCOUNT : _____ (savings, current, transmission)

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my/our above mentioned account at my/ our above mentioned bank (or any other bank or branch to which I/We may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/ our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

I. On the _____ day ("payment day") of each and every month commencing on _____. 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, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

MANDATE
I / We acknowledge that payment of R79 per month issued by Pando Pty(Ltd) shall be treated by my/our above mentioned 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 shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you. All cancellation has to be made on the 1st of the month, with 30 days notice.

ASSIGNMENT
I/We acknowledge that this Authority may be ceded to or assigned to a third party for the purpose of Recurring collection. (R79 per month)

POPI Disclaimer
We respect your right to privacy and therefore aim to ensure that we comply with the legal requirement of the POPI Act which regulates the manner in which we collect, process, store, share and destroy any personal information which you have provided to us. Full POPI Disclaimer available on our website. <https://pandorewards.co.za/application-forms>

Signed at _____ on this _____ day of _____ 20__

SIGNATURE AS USED FOR SIGNING for the ACCOUNT _____

OFFICE USE ONLY

MEMBER NUMBER _____

CARD NUMBER _____

REFERRAL MEMBER _____ **PD DATE** _____ **ENTRY PLACING IF AVAILABLE** _____

