NATIONAL ASSOCIATION OF MANAGING AGENTS
SHAPING OUR PROFESSION

NAMA National
191 Vinko Street, Sinoville, Pretoria, 0129

ELECTRONIC DEBIT ORDER INSTRUCTION
[MONTHLY MEMBERSHIP FEES - FULL MEMBERS]

ACCEPTANCE OF NAMA TERMS AND CONDITIONS – LIABILITY TO ENSURE PAYMENT OF MONTHLY MEMBERSHIP FEES

Please be advised that by completing the debit order instruction you are legally requesting that your bank account be debited, monthly, with the full amount owing on your account.

You are further advised that this form will be used to update or change member's information on record.

PLEASE NOTE: This form, and written notification of any changes in the banking details reflected herein, must be received by NAMA before the 7th of the month prior to the commencement of payments and/or any required changes to details.

***Please complete this form in full and tick where relevant. ***

PAYMENT IN FAVOUR OF THE NATIONAL ASSOCIATION OF MANAGING AGENTS (NPC)
Registration Number: 2005/013/686/08

INFORMATION

1. Company Details

Company Name	RAY ROBINSON MANAGEMENT SERVICES
Company Registration Number	SOLE PROPRIETOR
Company Vat Number	N/A
Postal Address	2 SHEERSEN MEWS, 3 FYNN ROAD, AMANZIMTOTI
Physical Address	AS ABOVE

2. Membership Details

NAMA Membership Number						
Primary Contact Person (Name)	RAYMOND ROBINSON					
Contact Number	W)			C)	0828190632	
Contact Email Address	rrms2019@outlook.com					
Membership Category	0 – 50 Schemes	X	51 – 100 Schemes		100 + Schemes	

NATIONAL ASSOCIATION OF MANAGING AGENTS
SHAPING OUR PROFESSION

NAMA National
191 Vinko Street, Sinoville, Pretoria, 0129

BANK ACCOUNT DETAILS

ALL DEBIT ORDERS WILL BE DEDUCTED AGAINST THE MEMBERS BANK ACCOUNT ON THE 1ST OR NEXT WORKING DAY OF EACH MONTH

Account Holder	R. ROBINSON
Banking Institution	ABSA
Branch Name	GALLERIA
Branch Code	ABSA UNIVERSAL
Account Type	CHEQUE
Account Number	40-5371-8741

A. GENERAL

1. All payments will be processed and deducted from the authorised account via Pastel and credited to my NAMA membership account.
2. Unpaid or rejected debit orders will automatically attract a fee which will be debited against my account.
3. NAMA is authorised to withdraw against my account any and such membership fees and penalties that are due for the period that I remain a NAMA member
4. Should my debit order be rejected twice the debit order and membership will automatically be cancelled.
5. Notice to cancel the debit order is one calendar month. Cancellation of the debit order as payment method does not constitute cancellation of my NAMA membership which remain subject to the agreed membership terms and conditions.

B. AUTHORITY

This signed Authority and Mandate refers to my approved application dated: _____ ("the Application").

I/We hereby authorise NAMA to issue and deliver payment instructions to your Banker 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) the full amount owing on my account, on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Application and commencing on TBA and continuing until this Authority and Mandate is terminated by me/us by giving notice in writing of not less than 30 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above or by email.

The individual payment instructions so authorised to be issued and delivered monthly. If the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next working business day.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my bank statement.

Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This reference number must be added to this form before the issuing of any payment instruction.

C. MANDATE

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if me/us have issued the instructions personally.

D. CANCELLATION

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel my NAMA membership unless the debit order payments are rejected and be unpaid. 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. I/We accept that I/we shall be liable for any costs should a Debit Order not be honoured by our nominated financial institution. Should a Debit Order be rejected, the necessary action and limitations of Electronic Funds Transfer Unpaid Reason Codes and Actions will be applied.

E. 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, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at AMANZIMTOTI on this 27 day of OCTOBER '22 (Month/Year)

Signature _____ (Signature as used for operating on the account)

Please forward the completed form to: accounts@nama.org.za

FOR NAMA OFFICIAL USE ONLY
Date Received:
Processed by:
Date Processed:
User Abbreviated Name:
Debit Order Mandate Number:

NATIONAL ASSOCIATION
OF MANAGING AGENTS
SHAPING OUR PROFESSION

CLIENT: NATIONAL ASSOCIATION OF MANAGING AGENTS

Authority and Mandate for payments Instruction: Electronic and Written Mandates

Given by (name of Accountholder)	R. ROBINSON
Address	2 SHEERDEN MEWS, 3 FYNN RD AMANZIMTOTI
Bank	ABSA
Branch and Code	GALLERIA
Account Number	40-5371-8741
Type of Account	CHEQUE
Amount	R480-00
Date	27 OCTOBER '22
Contact Number	082 819 0632

Abbreviated Name as Registered with the Bank: **NAT ASS MA** R. ROBINSON

Current (cheque) / Savings / Transmission CURRENT

This signed Authority and Mandate refers to our contract dated ("the Agreement").
I/We hereby authorise you to issue and deliver payment instructions to your Banker 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 TBA and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly, ~~bi-monthly~~, ~~three monthly~~, ~~six monthly~~, ~~annually~~, ~~weekly~~, ~~bi-weekly~~ (delete that which is not applicable).

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day.

Payment Instructions due in December may be debited against my account on 1ST

NAMA National 012 543 0693 / 012 567 7597 admin@nama.org.za www.nama.org.za

P.O.BOX 35253 • ANNLIN • 0066 | Registration No 2005/013686/08 • VAT No 444 026 3236

VISIT www.nama.org.za (SELECT THE LINK) FOR REGIONAL OFFICE'S DETAILS

I / We understand that the withdrawals hereby authorized 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.

Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have 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.

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, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at AMANZIMTOTI on this 27TH day of OCTOBER 2022

_____

(Signature as used for operating on the account)

_____

(Assisted by)

Agreement reference number is _____

NAMA National 012 543 0693 / 012 567 7597 admin@nama.org.za www.nama.org.za

P.O.BOX 35253 • ANNLIN • 0066 | Registration No 2005/013686/08 • VAT No 444 026 3236

VISIT www.nama.org.za (SELECT THE LINK) FOR REGIONAL OFFICE'S DETAILS

NATIONAL ASSOCIATION
OF MANAGING AGENTS
SHAPING OUR PROFESSION

NAMA DEBIT ORDER AUTHORISATION SUMMARY

NAMA Membership Number : MF_____

Company Name : RAY ROBINSON MANAGEMENT SERVICES

Company Registration Number : SOLE PROPRIETOR

Company VAT Number : N/A

Postal Code : 4126

Business Physical Address : 2 SHEERDEN MEWS, 3 FYNN RD AMANZIMTOTI

Postal Code : 4126

Business Postal Address : AS ABOVE

Primary Contact Person Name : RAYMOND ROBINSON

Primary Contact Person Email : rrms2019@outlook.com

Primary Contact Person Telephone : _____(W) 0828190632 (C)

Banking Details

Account Holder Name : R. ROBINSON

Institution : ABSA

Branch : Name: GALLERIA Code:_____

Account Type : CHEQUE

Account Number : 40-5371-8741

I, RAYMOND ROBINSON hereby declare that the above information provided is true and correct.

Signature _____ Date 27/10/22

NAMA OFFICE USE ONLY

NAMA Bank Statement Reference : _____

NAMA Membership Fee Payable Monthly : R_____