ELECTRONIC DEBIT ORDER INSTRUCTION
NAMA MONTHLY MEMBERSHIP FEES PAYMENT

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 a 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 before the commencement of payments and/or any required changes to detail.*
Please complete this form in full
PAYMENT IN FAVOUR OF THE NATIONAL ASSOCIATION OF MANAGING AGENTS (NPC)
Registration Number: 2005/013/686/08

INFORMATION

General:

1. All Payments will be processed and deducted from the Authorised Account via NETCASH and credited to your NAMA Membership Account.
2. Unpaid or Rejected Debit Orders will automatically attract a fee of R400 per rejection, which will be debited against the NAMA Membership Account.
3. NAMA is Authorised to withdraw against the said account any and such membership fees and penalties that are due for the period that the said company stays a NAMA Member.
4. Should the Debit Order be rejected twice, the Debit Order and NAMA Membership will automatically be cancelled.
5. Notice to cancel the Debit Order **will be one calendar month**. Cancellation of the Debit Order as a payment method does not constitute cancellation of the NAMA Membership, which remains subject to the agreement of the Membership Terms and Conditions.

Authority:

I/We hereby Authorise NAMA to issue and deliver payment instructions to your Banker for collection against my/our account (or any account, on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to the Application and continuing until this Authority and Mandate is terminated by me/us by giving notice in writing of not less than **one calendar month**, and send by email to accounts@nama.org.za.
The Individual payment instructions are authorised to be issued and delivered monthly. If the payment day falls on a Sunday or a recognised South African Public Holiday, the payment date 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/our bank account.

Mandate:

I/We acknowledge that all payment instructions issued by NAMA shall be treated by myself/ourselves abovementioned bank if me/us have issued the instructions personally.

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 are unpaid. I/We shall not be entitled to any refunds 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 Fund Transfer Unpaid Reason Codes and Actions will be applied.

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, the Authority and Mandate cannot be assigned to any Third Party.

NAMA Terms and Conditions:

The NAMA Terms and Conditions apply to this Debit Order.

NAMA DEBIT ORDER AUTHORISATION

NAMA Membership No	
Company Name	
Company Registration No	
Company VAT No	
Business Physical Address	
Postal Code	
Business Postal Address	
Postal Code	
Primary Contact Person	
Email Address	
Contact No – Office	
Contact No - Cell	
Accounts Contact Person	
Email Address	
Contact No – Office	
Contact No – Cell	

BANKING DETAILS

Account Holder's Name			
Bank			
Branch Name		Branch Code	
Account Type			
Account No			
Amount			
Date of First Debit Order			

SIGNED AUTHORITY AND MANDATE

I/We/Company _____
hereby declare that the above information provided is true and correct.

Signed at _____ on this day _____ 20_____

Primary Contact

_____ _____

Signature Designation

(Signature as used for operating on the said account)

Accounts Contact

_____ _____

Signature Designation

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