

"In Darling, Dreams do come true!"

DEBIT ORDER AUTHORIZATION

I, the undersigned

Full name _____

Identity number _____

Postal address _____

E-mail address _____

Telephone / Cell _____

Fax _____

hereby authorize

THE DARLING TRUST

IT 2598/2003

to debit my following bank account:

Bank
Tak / Branch
Takkode / Branch Code
Rekeninghouer /
Account holder
Rekeningnommer /
Account number
Rekeningtype / Type of account

with an amount of: **R**_____

monthly on the _____ day of every month with the first debit on

Signature

Terms & Conditions

1. I hereby declare that the monthly payment constitutes a donation to **The Darling Trust** that will be appropriated by the said trust according to the mandate of the trust as authorized by the trust deed.

2. I hereby authorize my bank to debit the nominated account with the amount of my monthly donation.

3. I accept that the debit order will be collected on behalf of **The Darling Trust** by Swartland Trustees CC (CK 1998/000877/23) hereinafter referred to as "the Agent".

4. This instruction remains operative until I give 30 (thirty) days written notice of cancellation to the Agent. Receipt of this instruction by the Agent must be regarded as receipt thereof by my bank. I undertake to ensure that there will always be sufficient funds available in the account that is to be debited.

5. The Agent will not be held responsible or liable for any damages, costs or expenses arising from their lawful execution of this instruction.

6. Address for notice of cancellation and general debit order administration:
P O Box 38 Bettie Karsten
7299 bkarsten@tsplaw.co.za
Malmesbury 022 482 2978

Signature: _____

Date: _____

We hereby thankfully accept your donation:

For: The Darling Trust: _____

Date: _____