

OOSTERLAND JEUGSENTRUM/YOUTH CENTRE



SENTRUM VIR KINDER-EN JEUGLEIDING • CHILD AND YOUTH CARE CENTRE

Registered Welfare Organization
Fundraising number: 003-657NPO

The Director
Berg Street
PO Box 206
Despatch
6219

Tel. +27 (0) 41 9331120
Fax +27 (0) 41 9331207

STOPORDER CLEARANCE

1. APPLICANT :

I, the undersigned, _____,

Account number _____ at

_____ Bank code _____,

request you to debit my account with :

R10,00		R20,00		Other :	
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On the _____ day of each month, starting on ____/____/____.

My postal address is : _____

Identity number : _____

Telephone number : _____ (w) _____ cell

2. DETAILS OF BENEFICIARY :

NAME : OOSTERLAND YOUTH CENTRE
BANK : ABSA DESPATCH
CHEQUE ACCOUNT. : 9061914700
BRANCH CODE : 334516

SIGNATURE

NAME

DATE

PLEASE FAX THIS FORM TO +27 (0)41 9331207 : ATTENTION RIAAN MARAIS