



PENNINGTON COMMUNITY WATCH

PENNINGTON COMMUNITY WATCH
 FIRST NATIONAL BANK,
 SCOTTBURGH
 ACC.NO. 625 242 431 94
 BRANCH CODE 250655

MEMBERSHIP FORM and PAYMENT INSTRUCTION

I, by my signature hereto, confirm my membership to Pennington Community Watch.

| 1. PERSONAL DETAILS | | | | | | | | | |
|------------------------------|--|------------|--------|-------------|--|-------------|--|--|--|
| Title: | | Initials: | | Surname: | | | | | |
| Full Name: | | | | | | | | | |
| ID Number: | | | | | | | | | |
| Residential address: | | | | | | | | | |
| | | Code: | | | | | | | |
| Postal address: | | | | | | | | | |
| | | Code: | | | | | | | |
| Phone: Cell: | | (H) | | (W) | | | | | |
| Spouse Cell & Name: | | | E-mail | | | | | | |
| Chosen Security Company: | | | | | | | | | |
| Comments: | | | | | | | | | |
| 2. PREFERRED PAYMENT METHOD | | | | | | | | | |
| Monthly EFT | | Annual EFT | | Other | | Debit Order | | | |
| BANK DETAILS FOR DEBIT ORDER | | | | | | | | | |
| Account Holder's Name: | | | | | | | | | |
| Bank: | | | | Branch: | | | | | |
| Branch Code: | | | | Account No: | | | | | |
| Account type: | | | | | | | | | |
| Debit Amount: | | | | | | | | | |

Abbreviated short name that will appear on your bank statement: PENCOMWTCH

3. DEBIT ORDER MANDATE

a. AUTHORITY

This signed authority and mandate refers to the contract between me and Pennington Community Watch ("PCW") detailed as below ("the contract").

I hereby authorise PCW to issue and deliver payment instructions to their Banker for collection against my above- mentioned account at my abovementioned Bank (or any other Bank or branch to which I may transfer my account) on condition that the sum of such payment instruction will never exceed my obligations as agreed in the agreement and commencing on the date referred to below and continuing until this authority and mandate is terminated by me giving notice in writing to PCW of not less than 20 ordinary calendar days and sent by email to the address as indicated below.

The _____ day of every month commencing on _____. In the event that the payment date falls on a Sunday or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. In the further event that there are insufficient funds available in my nominated bank account you are hereby authorised to monitor my account and re-present the payment instruction for payment as soon as sufficient funds are available.

I 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. Each transaction will contain a reference in the said payment instruction and should enable me to identify the agreement. A payment reference will be added to this form before the issuing of any payment instruction. I acknowledge that I shall not be entitled to a refund of any amount which you have withdrawn whilst this authority is in force, if such amount was due at the time of payment.

b. MANDATE

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

c. CANCELLATION

I agree that although this authority and mandate may be cancelled by me such cancellation will not cancel the agreement. I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were lawfully owing to you.

d. ASSIGNMENT

I acknowledge that this authority may be ceded or assigned to a third party if the agreement is also ceded or assigned to a third party but in the absence of such assignment of the agreement, this authority and mandate cannot be assigned to any third party.

4. GENERAL

This agreement shall endure indefinitely and is terminable by either party one calendar month written notice, any amendments to the agreed amount will be given with one calendar month written notice.

I hereby indemnify PCW, its agents, employees and/or representatives and hold them forever harmless against any claim arising from injury or loss caused by the actions (whether negligent or otherwise) in furtherance of the stated objectives of the PCW.

No amendment or consensual cancellation of this Agreement or any provision hereof (except as expressly provided for to the contrary in this Agreement) and no settlement of any disputes arising out of this Agreement, and no extension of time, waiver or relaxation or suspension of or agreement not to enforce or to suspend or postpone the enforcement of any of the provision of this Agreement, shall be binding unless first recorded in writing and signed by the parties

There are different PCW whatsapp groups for the different areas of Pennington to report crime These are :- NE – area East of R102 and North of Dolphin Drive, NW – West of R102 from Barracouta Bend around the Hill, SE – South of Pennington Drive down from Umdoni Rd South, SW, South of Pennington Drive up from Umdoni Rd South, Central – North of Pennington drive to South of Dolphin including Umdoni North.

Your cell number along with any other members of your family cell numbers, will be added to the group that your residence falls into. These whatsapp groups are for reporting suspicious activities, crime etc. They are not used for advertising, chatting etc. Any abuse of the whatsapp group may result in a member being removed. They are also used by Admin to advise of specific issues in the Pennington area at times ie; closure of R102 for maintaining the bypass etc.

There is also a Facebook page which you will be added to if you so wish.

5. ACKNOWLEDGEMENT & SIGNATURE

5.1 I have read and understood the contract terms overleaf

5.2 I acknowledge that it is the intention of PCW to approach the relevant local authority to make application to declare Pennington (as defined within the discretion of PCW) to be a Special Rates Area (“SRA”) and that I understand the meaning and implication thereof.

i. I hereby consent to the implementation of the said SRA and confirm my support for the said application;

or

ii. I do not consent to the implementation of the said SRA. (Tick whichever is applicable)

Dated at _____ on this the _____ day of _____ 20_____.

Signature : _____

FOR OFFICE USE:

| | | | | | |
|-------------|--|-----------------|--|-------------|--|
| ACC# | | DO SETUP | | NAME | |
|-------------|--|-----------------|--|-------------|--|

Unique reference: _____

Please E Mail the completed Membership Form to: secretary.pcw@gmail.com
 Alternatively, please contact any Committee Member, who will arrange for collection.
PCW Secretary Cell Number – 063 474 5012