

Private Bag X10
 Auckland Park 2006
 Gas Emergency : (011) 726 4702
 Tel : (011) 356 5000
 Fax : (011) 726 5716



1 Annet Road
 Cottesloe , Johannesburg
 Gas Emergency : (011) 726 4702
 Customer Services Fax : (011) 718 7178

DEBIT ORDER APPLICATION

Consumer Information

Egoli Gas Account Number

Surname/Entity Mr/Mrs/Ms/Dr

First Name

Street Address Telephone No. (Work) -

Suburb/Township Telephone No. (Home) -

Postal Address Fax No. (Work) -

Fax No. (Home) -

Postal Code

Stand Number Cell phone No.

Email Address

Bank Account Information

Bank Branch

Bank Account No. B/Code - - -

Type **Transmission** **Cheque** **Savings**

Account Holders Name
 (As it appears on the account)

Abbreviated Name as Registered with the Bank - EGOLIGAS

Authorisation

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 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**

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. Furthermore, if there are insufficient funds in my account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account.

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 number must be added to this form in Section E before the issuing of any payment instruction.

A. Deduction Date - Payment Instructions due may be debited against my account on the last working day of each month. The abbreviated name that will reflect on my account statement after the debit order run will be **EGOLI GAS** followed by my account reference which is given to me upon inception of my gas application approval.

B. 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.

C. 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.

D. 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.

E. Deduction Amount _____ This will be the amount reflecting on my monthly statement and will only differ if my account is in arrears.

F. Payment start date _____ Payment inception will start within the month of application completion depending on the time and date of connection.

Signature: _____
(Authorised Signatory)

Date : _____

Signature: _____
(Where joint signature required)

Date : _____