SFD006

Studentegelde & Debiteure / Student Fees & Debtors
Tel: +27 18 299 2662 / 3 / 4 / 5
Faks / Fax: +27 087 230 3704
E-pos / E-mail: PC-Invorder@nwu.ac.za

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOMKAMPUS

VOLMAG EN MAGTIGING

Die getekende **Volmag & Mandaat** verwys na hierdie kontrak aangegaan; hierna verwys as die "**Ooreenkoms**" ten

opsigte van student		met studentenommer	
My selfoonnommer:		Student se selfoon nr.:	
My e-pos adres:			
Student e-pos adres:			

A. MAGTIGING OM BANKREKENING TE DEBITEER

Naam van begunstigde	**Noordwes-Universiteit – NWU Student**			
Begunstigde besigheids-adres en kontak nommers	Hoffmann Straat 11, Potchefstroom, 2531	Privaatsak X6001, Potchefstroom, 2531	Tel: +27 18 299 2662 / 3 / 4 / 5 Faks: 087 230 3704	
Begunstigde e-pos adresse	**Algemeen**: PC-Invorder@nwu.ac.za	**Spesifiek**: @nwu.ac.za		
Naam van rekening houer				
Huisadres				
Posadres				
Naam van Bank		**Tak naam**		
Rekeningnommer		**Tak kode**		
Rekening tipe	Tjek / Spaar	**Paaiemente**	**Maande**	
Totaal verskuldig	**R**	**Paaiement bedrag**		
Gereelde betaal dag	1 / 15 / 28 /	**Eerste betaal dag**	**Dag** **Maand** **Jaar**	

Hiermee magtig ek u om betalingsinstruksies uit te reik en aan te bied vir vordering vanaf my genomineerde bankrekening by my bogenoemde bank (of enige ander bank of tak waarheen ek my bankrekening mag oordra) op voorwaarde dat die som van alle betalingsinstruksies nooit die totaal verskuldigde bedrag soos ooreengekom in hierdie **Ooreenkoms**, plus insidentele rente soos omskryf in die Nasionale Krediet Wet, sal oorskry nie. Hierdie betalingsinstruksies moet begin op die **eerste betaal dag** en voort gaan totdat hierdie **Volmag & Mandaat** uitloop of deur myself gekanselleer word deur skriftelike kennisgewing van nie minder as 20 gewone besigheidsdae nie, gestuur per voorafbetaalde geregistreerde pos, faks, e-pos of persoonlike aflewering by u besigheidsadres soos bo aangedui. Die individuele betalingsinstruksies wat hiermee gemagtig word, moet uitgereik en gelewer word op die ooreengekome **gereelde betaal dag** van die maand, beginnende op die **eerste betaal dag** en daarna maandeliks vir die ooreengekome aantal **paaiemente**. In die geval waar die betaaldag op 'n Saterdag, Sondag of erkende Suid Afrikaanse vakansiedag val, sal die betaling op die eersvolgende gewone besigheidsdag aangebied word. Verder, indien daar nie voldoende fondse in die genomineerde bankrekening is om die paaiement te dek nie, is u geregtig om my bankrekening na te speur en die betalingsinstruksie weer aan te bied sodra daar voldoende fondse beskikbaar is in die bankrekening. Die kostes vir die naspeuring en VT-betalings sal op my studenterekening gehef word en deel vorm van die totale verskuldigde bedrag. Ek verstaan dat alle onttrekkinge wat hiermee gemagtig word deur 'n gerekenariseerde stelsel, soos voorsien deur die Suid-Afrikaanse banke, verwerk sal word. Verder verstaan ek ook dat die besonderhede van elke onttrekking op my bankstaat of op 'n meegaande bankstrokie gedruk sal word. Die bankstaat of –strokie moet 'n ooreenkomsverwysingsnommer bevat, met ***RENWU***, die NWU se verkorte geregistreerde naam by die bank, wat in **klousule E** van hierdie vorm ingevul moet word voor die uitreik van enige betalingsinstruksie, en moet aan my gekommunikeer word sodra dit deur u ingevul is. Betalingsinstruksies verskuldig in April en/of Desember mag op die alternatiewe datum van ____ teen my rekening gedebiteer word.

B. VOLMAG

Alle betalingsinstruksies deur u uitgereik sal deur my bank hanteer word asof ek dit persoonlik uitgereik het.

C. KANSELLASIE

Ek erken dat alhoewel hierdie **Volmag & Mandaat** deur myself gekanselleer mag word, sodanige kansellasie nie die **Ooreenkoms** sal kanselleer nie. Ek sal ook nie geregtig wees op enige terugbetalings van enige bedrag wat u verhaal het in terme van hierdie **Volmag & Mandaat** terwyl dit van wettiglik van krag was nie en die bedrae wettiglik aan u verskuldig was.

D. OPDRAG

Ek erken dat hierdie **Volmag & Mandaat** wel gesedeer of oorgedra mag word aan 'n derde party indien die **Ooreenkoms** ook gesedeer of oorgedra mag word aan die derde party. By ontbreking van sodanige sedasie of oordrag van die **Ooreenkoms**, mag hierdie **Volmag & Mandaat** nie oorgedra word aan enige derde party nie.

Geteken te _________________________________ op die _______ dag van ______________________________ 20 ____

___________________________________ ___________________________________ ____________________________

Handtekening gebruik vir bankrekening | Geassisteer (Indien van toepassing) | Hoedanigheid van assistent

E. OOREENKOMSVERYSINGSNR: | | | | | | | | | | | Paraaf Invorderingsbeampte ______________

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AUTHORITY AND MANDATE

This signed **Authority & Mandate** refers to this contract entered into hereby and will be referred to as the **"Agreement"**

regarding student		with student nr.	
My cell phone nr.:		Student cell phone no.:	
My e-mail address:			
Student e-mail address			

A. AUTHORITY TO DEBIT BANK ACCOUNT

Name of beneficiary	**North-West University – NWU Student**					
Beneficiary business address & contact numbers	11 Hoffman Street, Potchefstroom, 2531			Private Bag X6001, Potchefstroom, 2531	Tel: +27 18 299 2662 / 3 / 4 / 5 Fax: 087 230 3704	
Beneficiary e-mail addresses	**General**: PC-Invorder@nwu.ac.za				**Specific**: @nwu.ac.za	
Name of account holder					**Cell phone no.**	
Home address						
Postal address						
Name of Bank				**Branch name**		
Account number				**Branch code**		
Account type	Cheque		Savings	**Instalments**	**months**	
Total obligation due	**R**			**Payment amount**	**R**	
Regular payment day	1	15	28	**First payment date**	**Day Month Year**	

I hereby authorise you to issue and deliver payment instructions to your banker for collection against my above-mentioned account at my above-mentioned bank (or any other bank or branch to which I may transfer my account to) on condition that the sum of such payment instructions will never exceed my obligations as agreed to in this **Agreement**, plus incidental interest as described in the National Credit Act. This payment instructions must commence on the **first payment date** and continue until this **Authority and Mandate** is fulfilled or terminated by me by giving you notice in writing of not less than 20 ordinary working days, sent by registered post, fax, e-mail or delivered by hand to your address as indicated above. The individual payment instructions authorised herewith must be issued and delivered on the agreed **regular payment day** of each and every month commencing on the **first payment date** and monthly thereafter for the agreed quantity of **instalments**. In the event that the payment day falls on a Saturday, Sunday or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and represent the payment instruction, as soon as sufficient funds are available in my account. The costs for tracing and RD payments shall be levied against my student account and form part of the **total obligation due.** I understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks and I also understand that details of each withdrawal will be printed in my bank statement or on an accompanying voucher. Such must contain a ***RENWU*** number, the NWU's short bank registered name, which number must be added to this form in **section E** before the issuing of any payment instruction and communicated to me directly after having been completed by you. Payment instructions due in April and/or December may be debited against my account on the alternative date of ____.

B. MANDATE

All payment instructions issued by you shall be treated by my bank as if they had been issued by me personally.

C. CANCELLATION

I agree that although this **Authority & 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 legally 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 that third party, but in the absence of such assignment of the **Agreement**, this Authority and Mandate cannot be assigned to any third party.

Signed at __________________________________ on this _______ day of __________________________________ 20 ____

_____________________________________ _____________________________________ _____________________________________

Signature as used for operation on the account   Assisted by (Where legally necessary)   Capacity of assister

E. AGREEMENT REFERENCE NUMBER: | | | | | | | | | | | | Initials Collections Official ____________