

AUTHORITY FOR A GIFT BY DEBIT ORDER TO  
THE RACHEL SWART FUND

I wish to contribute to the RACHEL SWART FUND by debit order for an amount  
of R ..... per month, from ..... 2009  
and each month thereafter, until cancelled by me.

Please increase my debit order annually by 10%.

Type of account Current Savings Transmission

Bank Name .....

Branch Name ..... Branch code .....

Account no. ....

Title: (Mr/Mrs/Ms/Dr/Prof/Rev) .....

First name .....

Surname .....

Address .....

.....

..... Post code .....

Tel. H (.....) .....

W (.....) .....

cell .....

Email address .....

ID no. ....

Signature ..... Date .....

I/We acknowledge that the party hereby authorised to effect the drawings against my/our  
account may not cede or assign any of its rights to any third party without my/our prior  
written consent and that I/we may not delegate any of my/our obligations in terms of this  
contract/authority to any third party without prior written consent of the authorised party.

Thank you for your co-operation.