

In the name of Allah, the Most Beneficent, the Most Merciful

SOUTH AFRICAN NATIONAL ZAKÁH FUND

The Administration for the Collection and Distribution of Zakáh and Sadaqát
Spreading Wings of Compassion since 1974

SANZAF



changing lives through
development and relief

sanza.org.za

NPO 007-160 PBO 930001714

APPLICATION FOR MONTHLY DEBIT ORDER

PERSONAL DETAILS:

Full Name:

Address: Code:

Tel No. (H): (W) Fax:

e-Mail Address: Cell:

BANK ACCOUNT DETAILS:

ACCOUNT NAME:

ACCOUNT NO: ACCOUNT TYPE:

BANK: BRANCH: CODE:

MONTHLY DEBIT ORDER DECLARATION:

Please debit my/our account with the amount below together with all relative charges for payment towards the outreach and compassion, poverty alleviation and development projects to SANZAF:

Zakah: R Increase current Debut order from to R

Sadaqah/Lillah R from R

Admin Current Expenses (min R100) R

Admin Waqf Fund (min R100) R

Other (please specify) R

AMOUNT IN WORDS:

Monthly payments of this debit order will be effected on the 1st Business day of each month / 15th or 25th .

I/We hereby request, 'instruct' and authorise SANZAF to draw against my/ our account with the abovementioned bank the stipulated amount. I/We understand that all such withdrawals from my/our bank amount by you shall be treated as though they had been signed by me/us personally.

I/We understand that the withdrawals hereby authorized will be processed by computer through a system known as the ACB Magnet Tape Service, and I/we also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. I /We agree to pay any bank charges relating to this debit order instruction. This authority may be cancelled by me/us by giving you thirty days notice in writing. I/We shall not be entitled to any amounts, which you have withdrawn in term of the above transaction while this authority was in force.

This payment is to be effected on the/...../.....and thereafter monthly until further notice writing.

SIGNATURE: DATED SIGNED: PLACE:

Postal Details

SANZAF
PO Box 241
Gatesville 7766



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@SANZAFSA

Contact Details

Tel: 021 - 638 0965, Fax: 021 - 638 2734

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Donations to SANZAF are TAX DEDUCTABLE TAX-CERTIFICATED are issued on request on 12 month basis or at your tax-year whichever is lesser !

OFFICES IN: EASTERN CAPE GAUTENG KWAZULU NATAL NORTHERN CAPE SOUTHERN CAPE WESTERN CAPE