



# SOUTH AFRICAN NATIONAL ZAKÁH FUND

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

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:

Admin Current Expenses (min R100) R .....

Admin Waqf Fund (min R100) R .....

Zakah R .....

Sadaqah 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.

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 account 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 I/We shall not be entitled to any amounts, which you have withdrawn in term of the above transaction while this authority was in force.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 in writing.

SIGNATURE: ..... DATE SIGNED: ..... PLACE: .....

**Postal Details**  
SANZAF  
PO Box 1828  
Kimberley 8300

**Contact Details**  
0861 SANZAF or 0861 726923  
Tel: 053-831 2758, Fax: 053-831 6225  
e-Mail: kimpharm@mweb.co.za

Donations to SANZAF are TAX-DEDUCTIBLE! TAX-CERTIFICATES are issued on request on 12 month basis or at end of your tax-year, whichever is lesser!