



CELEBRITIES CASTING AND MODELLING AGENCY

CC / 2003 / 003583 / 23

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Authority and Mandate for payments Instruction: Electronic and Written Mandates (familiarize and complete 1 to 7(b))

- | | |
|----------------------------|---|
| 1. Account holder Given by | 1. _____ |
| 2. ID of account holder: | 2. _____ |
| 3. Contact Number | 3. _____ |
| 4. Address | 4. _____ |
| | _____ Code _____ |
| 5. Bank | 5 a. _____ |
| a. Name of bank | 5 b. _____ |
| b. Branch and Code | 5 c. _____ |
| c. Account Number | 5 d. _____ |
| d. Type of Account | Current (cheque) / Savings / Transmission |

6. Deduction

Today's Date: _____

- | | |
|---|--------------------------------|
| 6 a. R150 – Once off deduction date, on the first day of the upcoming month (.eg 1 February 20) | 6a 1/ _____(month) / 20 ____ |
| 6 b. R 60pm – Starting on the first day of the upcoming month Following the initial deduction (6a) (eg 1 March 20 __) | 6 b. 1/ _____(month) / 20 ____ |

Abbreviated Name Registered with Bank: **CCA WEB / CCA CASTING**

This signed Authority and Mandate refers to our contract dated ("the Agreement").

I/We hereby authorize 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 (8a) R150 – once of, on the first day of the month and (8b) R60 pm on the first day of the following months,

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 authorized to be issued must be issued and delivered as follows: monthly weekly, for a minimum of 24 months thereafter month to month till cancellation, In the event that the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the preceding ordinary business day.

Payment Instructions due in December may be debited against my account on **1 December** of each year.

I / We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction.

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.

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.

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.

7. Agreement

Signed at (7a) _____ (city) on this (7b) date _____

I, Full name, (7c) _____ or Click on CCA Join Us/ Submission agrees **when this mandate is forward to CCA, without a signature, or completed information on the join us form of www.celeb.co.za the sender agree that it is acceptable for his/her original signature. (7d), _____ (yes/no) I agree. OR**

Print, sign and send info@celeb.co.za. or

Signature. _____ (Signature as used for operating on the account)