



ANNEXURE A  
WESTERN CAPE CULTURAL COMMISSION

**CREDIT ORDER INSTRUCTION**

DETAILS OF FIRM / INSTITUTION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

DETAILS OF MY / OUR BANK ACCOUNT ARE AS FOLLOWS

NAME OF BANK \_\_\_\_\_

NAME OF BRANCH \_\_\_\_\_

BRANCH CODE \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

TYPE OF ACCOUNT \_\_\_\_\_ (ENTER NUMERICAL VALUE)

- |                          |                                |
|--------------------------|--------------------------------|
| 1 = CHEQUE ACCOUNT       | 4 = BOND ACCOUNT               |
| 2 = TRANSMISSION ACCOUNT | 5 = (NOT IN USE)               |
| 3 = SAVINGS ACCOUNT      | 6 = SUBSCRIPTION SHARE ACCOUNT |

I/WE HEREBY REQUEST AND AUTHORISE THE WESTERN CAPE CULTURAL COMMISSION TO PAY ANY AMOUNTS WHICH MAY ACCRUE TO ME/US TO THE CREDIT OF MY/OUR BANK ACCOUNT AS INDICATED ABOVE.

I/WE UNDERSTAND THAT A PAYMENT ADVICE WILL BE SUPPLIED BY THE WESTERN CAPE CULTURAL COMMISSION IN THE NORMAL WAY THAT WILL INDICATE THE DATE ON WHICH THE FUNDS WILL BE AVIALABLE IN MY/OUR BANK ACCOUNT AND DETAILS OF THE PAYMENT.

I/WE FURTHER UNDERTAKE TO INFORM THE WESTERN CAPE CULTURAL COMMISSION IN ADVANCE OF ANY CHANGE IN MY/OUR BANK DETAILS AND ACCEPT THAT THIS AUTHORITY MAY ONLY BE CANCELLED BY ME/US BY GIVING THIRTY DAYS NOTICE BY PREPAID REGISTERED POST.

\_\_\_\_\_  
INITIALS AND SURNAME

\_\_\_\_\_  
AUTHORISED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TELEPHONE NO.

**FOR OFFICIAL USE ONLY**

I / WE HEREBY CERTIFY THAT THE DETAILS OF OUR CLIENTS BANK ACCOUNT AS INDICATED ON THE CREDIT ORDER INSTRUCTION IS CORRECT.

\_\_\_\_\_  
NAME AND DATE STAMP OF BANK

\_\_\_\_\_  
AUTHORISED SIGNATURE