



ELDERLY CARE FUND

for Retired Police Officials

[Non Profit Company (NPC)]
Reg nr: 1993/007507/08 ~ 001-724 NPO

P O Box 5084, Rietvalleirand, Pretoria, 0174

Tel: (012) 345-3005 ~ Fax (012) 345-2994

E-mail: admin@ecfund.org.za

DEBIT ORDER FORM TO BECOME AN ECF DONOR

1. PERSONAL INFORMATION

AFR

ENG

(This section is compulsory/important)

Persal nr: (For Serving members only)

Surname: Initials: Rank/Title:

ID no: Cell: Tel no:

Home Postal address: Code:

Home Street address: Code:

E-mail address: (External e-mail for Serving members)

2. DEBIT ORDER DEDUCTION:

SERVING CIVILIAN SAPS RETIRED PRIVATE

New donor

Increase my existing monthly donation

I, the undersigned, authorise the Elderly Care Fund to recover the monthly amount of

* Prime donor = (R80-00 and more donation per month)

R40 R50 R80* R100* Other R each month

by deducting it from my bank account (at the end of the month) with effect from: (Date)

BANKING DETAILS

Bank: Account no:

Town: Type acc: SAVINGS CHEQUE TRANSMISSION

Branch name: Branch code:

Account name:

SIGNATURE:

DATE: