



DONATION FORM

BANKING DETAILS:

ACCOUNT NAME: ABRAHAM KRIEL BAMBANANI NPC
 BANK: ABSA
 ACCOUNT NO. 140 941 336
 BRANCH: 632005
 SWIFT ADDRESS: ABSAZAJJ
 REFERENCE: YOUR CELL NUMBER FOLLOWED BY #CM

PERSONAL INFORMATION

Initials

Full Name & Surname

Gender Male Female Other

ID / Passport Number

Tax Number

Email Address

Contact Number 1

Contact Number 2

Postal / Physical Address

A MONTHLY CONTRIBUTION

I hereby pledge a monthly contribution of R150 R500 R1000 R

Please choose an option by marking the appropriate box Via debit card Via scheduled EFT

DEBIT ORDER INSTRUCTION

Please deduct R on the day of 20 and every month thereafter.

Account Holder

Account Number

Type of account Cheque Savings

Bank Branch code Branch

10% Annual increase authorised Yes No

A ONCE-OFF CONTRIBUTION

I herewith pledge a once-off contribution of R

ACKNOWLEDGEMENT INFORMATION - YOUR SIGNATURE IS ESSENTIAL FOR THE TRANSACTION TO BE ACTIVATED

Signature _____
 Date _____

As per the Protection of Personal Information Act, 4 of 2013 POPI Act, Abraham Kriel Bamabanani will not share, sell or distribute your personal information to any persons or entity.