



MES DEBIT ORDER AUTHORISATION

I herewith request and authorise MES to withdraw an amount of

R..... (in words)
 from my account, detailed below, on the first day of each month.

NAME: SURNAME:

COMPANY NAME (If applicable):

EMAIL ADDRESS:

POSTAL ADDRESS:

 CODE

TEL: () (w)() (h)
 () (c) () (f)

NAME OF ACCOUNT:

TYPE OF ACCOUNT:

BANK: BRANCH:

BRANCH CODE: ACCOUNT NO.:

I understand that the withdrawals from my account are herewith authorised by an electronic banking system called ABC and that proof of payment will only appear on my bank statements. No receipt will be issued. MES, however, has 18A status and a tax certificate will be issued once a year as acknowledgement of receipt of your contributions.

Cancellation of the debit order may be done by sending a cancellation fax to MES. A 30 day notice period is, however, applicable.

.....
Signature

.....
Date

I would like to specify this contribution for:

- | | | | |
|--------------------|-------|--|-------|
| MES National | | MES Johannesburg | |
| MES Cape Town | | MES Kempton Park | |
| MES Port Elizabeth | | Your contact person is: | |
| | | (if you have direct contact with a MES staff member) | |