

INWONERS VERENIGING LIDMAATSKAP EFT VORM
RESIDENTS ASSOCIATION MEMBERSHIP EFT FORM

DATUM:
 DATE:

Ek betaal: **GarsCom Inwoner** R120 per maand R1000 per jaar
 I am paying: **GarsCom Resident** R120 per month R1000 per annum

Kompleks Inwoner R50 per maand R500 per jaar
Complex Resident R50 per month R500 per annum

ELEKTRONIESE FONDSOORPLASING INSTRUKSIE
ELECTRONIC FUNDS TRANSFER INSTRUCTION

Van & Volle Name
 Surname & Full Names

Adres
 Address

Kontak Nommer
 Contact Number

Belasting Nommer
 Tax Number

GARSCOM BANK REKENING BESONDERHEDE
GARSCOM BANK ACCOUNT DETAILS

Rekening Naam **GarsCom**
 Account Name

Bank Naam **ABSA, Woodlands**
 Bank Name

Rekening Nommer **4068919875**
 Account Number

Tak Nommer **632005**
 Branch Number

Rekening Tipe **Current**
 Account Type

Verwysing **GRA Lidmaatskap Nr / Membership No eg GRA0001**
Reference

I hereby agree to do an Electronic Funds Transfer (EFT) into GarsCom's bank account with the sum of _____ per
 month annum , **within the first seven (7) days** of the beginning of each month / first month of the new year,
 in lieu of membership fees to the Garscom Residents Association, effective from _____

NB! Send Proof of Payment to data@garscom.co.za AND finance@garscom.co.za with SUBJECT AS: eg "GRA0001 Proof of Payment"

As per Act No. 4 of 2013: Protection of Personal Information Act, 2013 (POPI)
 GarsCom is compliant with the conditions for lawful processing of personal information

Datum:
 Date:

Handtekening:
 Signature: