

BRYANSTON EAST COMMUNITY FORUM

REGISTRATION FORM

Your Name: Mr./ Mrs./ Miss./ Dr. _____ I.D. No.: _____
(First Names) (Surname)

Physical Address: _____ Postal Address: _____ Do you live in a road closure? Yes/No
Suburb: _____ Suburb: _____ Name of closure: _____
Code _____ Code: _____
Tel (Home): _____ Tel (Work): _____ Are you linked to armed response Yes/No
Cell No. _____ E-Mail: _____ Name of company: _____

Preferred method of payment _____

DEBIT ORDER ADVICE IF REQUIRED

I/We, the undersigned, authorise **Bryanston East Community Forum** to deduct an amount of R_____ per month. I/We understand that all withdraws shall be treated as if signed by me/us personally. I/We understand that this instruction can be cancelled by me/us by giving **Bryanston East Community Forum** 30 days written notice.

Bank: _____ Branch Code: _____ Branch Name: _____
Account No: _____ Account Holder: _____ Type of account: _____
Amount per mth: R_____ Amount in words: _____
First payment date: _____ Date: _____ Signature: _____

OUR BANKING DETAILS

Beneficiary Details: BRYANSTON EAST COMMUNITY FORUM

Bank Name: **Nedbank** Branch Name: **Sandton**
Account No: **1970842695** Branch No: **197005**
Account Type: **Current**

Please complete the above form and contact one of the following people to collect it from you, or drop it in at the office or Fax to **803 5310**

BECF Office (011)463-6066

Russell Kleyn 083 325 0245

Gail Prior

083 307 1232