



Yes Retah, I would like to become a supporter! As a new Monthly Partner, I will receive my *Partner Packet* in the mail once a month, which is the teaching of the month on CD or DVD. Below is all my detail to get me started:

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|--------------------------------|---------------------------------|
| <u>Personal Detail:</u> | <u>Delivery Details:</u> |
| Name & Surname:..... | Postal address:..... |
| Cell Phone number:..... | |
| Tel: | City:..... |
| Email:..... | Postal Code:..... |

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| <u>Option 1 : Debit Order Account Details</u> | <u>Option 2: Deposit monthly into our Bank Account:</u> |
| Debit my: Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/> with the following amount monthly: R250 <input type="checkbox"/> R300 <input type="checkbox"/> R400 <input type="checkbox"/> R500 <input type="checkbox"/> R1000 <input type="checkbox"/> Bank: | <i>Phone us to confirm, before you will receive your monthly CD.</i> My Deposit of: R Banking detail: McPherson House ABSA - Acc. Number : 406 912 1647 Branch code : 632 005 |
| Account no: | Please use name, surname & cell number as reference. |
| Branch Name: | Fax deposit slip to 086 570 8717 |
| Branch code: | |

Delivery Options:

..... Courier Delivery Service – (2-3 days) – R100 extra per month (Delivered to nearest Clicks or Caltex)

..... I want my teachings in MP3 (Digital Format) send to my email address monthly (Email):.....

..... Standard Postal Service – (10 -15 days) – No extra Costs

| | |
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| <u>Option 2 : Cash Contribution - RETAH</u> | <u>Option 2 : Cash Contribution -ALDO</u> |
| Thank you for your contribution of: R Banking detail: Retah McPherson ABSA : Pretoria North Acc. Number: 101 294 2555 Branch code : 632 005 Please use name, surname & cell number as reference. Fax deposit slip to 086 570 8717 | Thank you for your contribution of: R Banking detail: Aldo McPherson ABSA : Pretoria North Acc. Number : 910 199 2010 Branch code : 632 005 Please use name, surname & cell number as reference. Fax deposit slip to 086 570 8717 |

I, the undersigned authorize you to debit the abovementioned account at the named bank/financial institution (or any other branch where I might transfer my account to) in the amount of R..... (Amount in words) on the **4th day** of each month, from//201 All such withdrawals from my account by you will be handled as if it was signed by me in person.

Please specify another date if the 4th is not to your approval :.....

I agree that the bank fees for the transaction will be for my account. This mandate can only be cancelled by me in writing with 30 days' notice to: **P.O. Box 632, Stellenbosch, 7599**. This agreement by you will be acknowledged as receipt thereof by my bank (as the matter may be). This authorization is given with the understanding that I cannot sue the abovementioned bank/financial institution for payments not paid (for whatever reason it may be) on the abovementioned date. Signed at _____ on this _____ day of _____ 20____ Signature as used for signing of cheques:
.....