



# caring for our community

## Indlela Investment/Donation Information Sheet

### Company Details:

Name of Business: \_\_\_\_\_

Registration Number: \_\_\_\_\_ VAT Number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person 1: \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person 2: \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **Area of Investment/Donation:** (Please tick appropriate box and % split if necessary)

Indlela (General)	<input type="checkbox"/>	%
Fairhavens Babies Home	<input type="checkbox"/>	%
Learning for Life Programme	<input type="checkbox"/>	%
Feeding Programme	<input type="checkbox"/>	%
Crèche Development Programme	<input type="checkbox"/>	%

### **Preferred payment method and debit order details:** (Please tick appropriate box)

<input type="checkbox"/> Monthly Debit Order	<input type="checkbox"/> Direct Deposit
Other (please specify):	<b>Indlela</b> , First National Bank, Durban North Account Number: 62070191962 Branch code: 220426    Swift Code: FIRNZAJJ Type: Cheque Ref: 'Project' and 'Name'
<b>NAME OF A/C HOLDER:</b>	
ACCOUNT NUMBER:	
TYPE OF ACCOUNT:	
BANK:	
BRANCH NAME:	
BRANCH CODE:	

**I authorise Indlela and my bank named above to charge my account on the 1st of each month. This authority will remain in effect until I give written notice to cancel**

Signature 1: \_\_\_\_\_ Signature 2: \_\_\_\_\_ (if applicable) Date: \_\_\_\_\_

Name 1: \_\_\_\_\_ Name 2: \_\_\_\_\_ (if applicable)

**Thank you for your support!**

