Community Bobbies Patrol

Not-for-Profit Project

Membership Form - Greendale Park, Eridene and Lakeview

Personal Details

Name:	
Surname:	
Address:	
Cell No:	
Home Ph No:	
Email address:	

If you are an existing Bobbies member please fill out the form so that we can update our records.

Yes – existing member ☐

COST per month (has remained at the same rate since 2012)

KSS Community Bobbies Patrol Project (Individual House)	**R100.00**	**R100.00 YES** ☐ **Please tick**
Not able to afford R100 per month? You can still join …. We need as many community role players as possible.	**Amount able to contribute:**	**R _____ YES** ☐ **Please tick**
Complex wanting to join. We will contact you with the cost.	**Will vary from R300 – R1000 (depending on size of complex).**	**Contact YES** ☐ **Please tick**

If you currently are NOT a client of Knight Security Solutions (KSS) and would like to find out more information about this progressive, proactive security company, please tick the box below. KSS will contact you and conduct a free risk assessment of your residence / business and advise you accordingly.

YES ☐

If you are already a Knight Security Solutions (KSS) client, the Bobbies membership will be added to your existing debit order.

Yes – add to existing debit order ☐

Debit Order Instruction - Community Bobbies Patrol Project

The details of my/our bank account are as follows:

NAME: _____ ID NUMBER: _____
BANK: _____
BRANCH: _____
BRANCH CODE: _____
ACC NUMBER: _____

I/we hereby request, "instruct" and authorize KSS to draw against my/our account with the above mentioned bank (or any other bank or branch which I/we may transfer my/our account) the sum of R _____ (amount in words) _____. This is the amount necessary for payment of the monthly installment due in respect of the above mentioned project/agreement. The debit order will go through with my existing account or on the last day of every month. All such withdrawals from my/our bank account by KSS shall be treated as though they had been signed by me/us personally.

I/we understand that the withdrawals hereby authorized will be processed by computer through a system known as the ACB Magnetic Tape Service, and I also understand that details of each withdrawal will be printed on my bank statement or on any accompanying voucher. I/we agree to pay any bank charges relating to this debit order instruction. This authority may be cancelled by me/us by giving thirty (30) days' notice in writing.

SIGNED AT _____ on this _____ day of _____ 20_____.

_____
SIGNATURE OF CLIENT

NOTE: Please return this form via fax to 086 545 8597 or scan and email to accounts@knightsecurity.co.za If you need someone to collect the form then please call us on 033 330 5911 or drop them off at our offices at 2 Greenfields Place, Merrivale.

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