

Private Bag X21, Brooklyn Square, 0075 ■ DoceX 340, Pretoria ■ Tel: 012 452 7111 (switchboard) ■ Fax: 012 425 4051
 ■ Email: zzLPF@aforbess.co.za ■ Website: www.afonline.co.za ■ www.legalprovidentfund.co.za

LEGAL PROVIDENT FUND – EMPLOYER’S DEBIT ORDER FORM

EMPLOYERS’ DETAILS

Name of Employer

Address (physical):

Address (postal):

EMPLOYERS’ BANKING DETAILS

Name of account holder:

Bank:

Branch:

Type of account: Current (cheque) Savings

Branch no:

Account no:

I/We hereby authorise the Administrator (Alexander Forbes) to draw against my/our account with the above-mentioned bank (or any other bank or branch to which I/we transfer my/our account) the amount necessary for payment of the monthly contribution/premium due in respect of our membership of the LPF. The Administrator will debit the account every month between the 28th of the due month and the 5th of the month following the due month. The first due month (**date joined Fund**) should be _____ (month) _____ (year) and continuing (as the case may be). All such withdrawals from my/our account by the Administrator shall be treated as though they had been signed by me/us personally.

I/We understand that details of each withdrawal will be printed on my bank statement. I/We also agree to pay the normal bank service charges relating to this debit order instruction.

I/We agree to notify the Administrator of any changes to the members’ details by the **8th day** of month in which the change should be made (i.e. by 8 March for the March salaries). This authority may be cancelled by me/us by giving the Administrator thirty day’s notice in writing, sent by prepaid registered post. I/We understand that I/we shall not be entitled to any refund of amounts which the Administrator has withdrawn while this authority was in force if such amounts were legally owing to the LPF or Administrator.

I/We understand that the full amount (member contributions, employer contributions and employer risk premiums) will be deducted from this account.

AUTHORISED SIGNATORIES

Signed at _____ on this _____ day of _____ (month) _____ (year)

Signatures – Authorised Signatories

Name and Position at Firm

COMPANY

This form must be signed by the authorised signatories of the above banking account

Please attach a cancelled cheque for bank identification purposes.

To be completed by the employer joining the Legal Provident Fund