

# MONTHLY OPERATIONAL EXPENSE (OPEX) UMNGENI COMMUNITY SAFETY INITIATIVE (NPC) AFFILIATION FORM



**UMNGENI  
MUNICIPALITY  
endorses the  
UCSI NPC**

## PERSONAL DETAILS

**NAME:** \_\_\_\_\_ **SURNAME:** \_\_\_\_\_

**NAME OF ENTITY:** \_\_\_\_\_  
(Business, Shopping Centre, Estate, Complex, School, Hospital, Security Company)

**ADDRESS:** \_\_\_\_\_

**AREA:** \_\_\_\_\_  
Select from: Hilton, Howick North, Howick West, Howick South, Kwa Mevana, Merrivale, Merrivale Heights, Birnamwood, Mpophomeni, Karkloof, Curry's Post or Other

**CELLPHONE:** \_\_\_\_\_ **LANDLINE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

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## FEE PER MONTH - Business, Shopping Centre, Estate, Complex, School, Hospital, Security Company

<b>SMALL</b> (1 - 10 employees / residents / learners / clients etc...)	<b>R300 maximum</b>	<b>R300 YES</b>	<b>(Please tick)</b>
<b>MEDIUM</b> (11 - 100 employees / residents / learners / clients etc...)	<b>R1000 maximum</b>	<b>R1000 YES</b>	<b>(Please tick)</b>
<b>LARGE</b> (101+ employees / residents / learners / clients etc...)	<b>R1500</b>	<b>R1500 YES</b>	<b>(Please tick)</b>

## FEE PER MONTH - Private Individual (Residential Household) Affiliation

<b>PRIVATE INDIVIDUAL</b>	<b>R50 or more is welcome</b>	<b>R50 YES</b>	<b>R100 YES</b>	<b>R150 YES</b>
<b>PRIVATE INDIVIDUAL</b> (Annual once-off payment)	<b>R600</b>	<b>R600 YES</b>		

**NOTE:** Non-contributors are liable for a fee of R1500 to utilise UCSI NPC localised information and network OR to join the UCSI NPC by becoming a contributing member and signing a one year affiliation form for R360 for the year (private household / individual) or a business entity fee as per the table above.

## DEBIT ORDER INSTRUCTION - Umngeni Community Safety Initiative (UCSI) NPC

**NAME:** \_\_\_\_\_ **ID NUMBER:** \_\_\_\_\_

**BANK:** \_\_\_\_\_ **BRANCH:** \_\_\_\_\_

**BRANCH CODE:** \_\_\_\_\_ **ACC NUMBER:** \_\_\_\_\_

**TYPE OF ACCOUNT:** **CURRENT** **SAVINGS** **TRANSMISSION** **AMOUNT TO BE DEDUCTED:**

**DEBIT ORDER DATE:** **1st** **7th** **15th** **ACCOUNT HOLDER ON THE BANK ACCOUNT:**

This signed Authority and Mandate refers to our contract dated \_\_\_\_\_ ("the Agreement"). I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on \_\_\_\_\_ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered monthly. If the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

**Mandate:** I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally. I/We agree to pay any penalty bank charges relating to this debit order instruction.

**Cancellation:** I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

**Assignment:** I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

SIGNED AT \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

SIGNATURE OF CONTRIBUTOR \_\_\_\_\_

\*EFT Users may not use the tracking option and must exclude the option from their Authority and Mandate.

## DONATIONS - Umngeni Community Safety Initiative (UCSI) NPC

**NAME:** Umngeni Community Safety Initiative NPC **BRANCH CODE:** 220725  
**BANK:** FNB **ACC NUMBER:** 62771382745  
**BRANCH:** Howick **REF:** Initial, Surname & Entity Name  
**I require a SECTION 18A certificate** YES **ADDRESS:** 95 Main Street, Howick



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By clicking "submit form" I hereby acknowledge an electronic signature hereof.

**Umngeni Community Safety Initiative (NPC) CIPC: 2018/365592/08 Income Tax Exemption PBO No: 930063334 [www.ucsi.org.za](http://www.ucsi.org.za)**

**Agreement Reference Number (OFFICE USE):** This Agreement reference number for debtor is: \_\_\_\_\_  
 \_\_\_\_\_ Your Debtor Account Reference

The UCSI NPC is under no obligation to divulge any criminal or private investigation information obtained, to a contributing member or the general public, and reserves the right to withhold any information at its discretion, pending a criminal or private investigation.

**OR**  
**Scan & Email to**  
**[donate@ucsi.org.za](mailto:donate@ucsi.org.za)**