

PEC Utility Management (Pty) Ltd

Company Reg No 2004/032820/07

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pecutilities.co.za clientserviceskzn@pecgroup.co.za



DEBIT ORDER CANCELLATION - BUSINESS

Please complete and submit this cancellation form during office hours, together with clear copies of the following:

- Copy of the authorised representative's ID or passport
- Company proxy

Documents can be faxed or emailed to: clientserviceskzn@pecgroup.co.za or (f) 031 265 0041. Kindly confirm receipt thereof.

OFFICE USE

New Account No Primary BP No FB RC

Current Account No
Building Name
Unit No
Registered Name
Trading As
Registration No
(ID if Sole Proprietor or Partnership)
Country of Registration

AUTHORISED REPRESENTATIVE

Title Mr Mrs Ms Dr Prof Initials
Full Names
Surname
Identification Type RSA ID Passport Temporary ID (E.G. Refugee ID)
Identification No Identification expiry date
Country of Issue
Position *(MD, FD, Owner, etc.)*
Email Address
Landline No Cell No

BANKING DETAILS

Name of Bank
Branch Name Branch Code
Name of Account Holder
Account Number
Type of Account Current Savings
Debit Order Cancellation Date

TERMS & CONDITIONS

1. I/We hereby confirm that I have the authority to complete this cancellation, and certify that the information provided in this form is correct.
2. I/We indemnify PEC Utility Management (Pty) Ltd, it's owners and staff from any form of liability that may arise as a result of incorrect information provided by me/us.
3. I/We hereby understand that this request to cancel my/our debit order must be sent to, and received by the Service Provider before the 26th of the month, in order for the request to be processed within that month. I/We understand that should the form be sent to the Service Provider after the 26th of a month, that this request will only be processed the following month.
4. I/We understand that I/we shall not be entitled to any refund of amounts which the Service Provider have withdrawn while the Debit Order Authority was in force, and such amounts were legally owing to the Service Provider.
5. I/We agree to settle the monthly account or any outstanding monies by the normal due date or as otherwise indicated.
6. I/We have read and understood the contents of this agreement, and agree to its Terms & Conditions.

Signed on this (day) of (month) 2 0 (year)

Signature

Full Names & Surname (PLEASE PRINT)

Position in Company

Department

FOR OFFICE USE ONLY

Reason for Cancellation

Client Requested Building Account Closed RD

Outstanding Balance

R ,

Portfolio Manager's Signature

Portfolio Manager's Name & Surname (PLEASE PRINT)