

PEC Utility Management (Pty) Ltd

Company Reg No 2004/032820/07

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DEBIT ORDER CANCELLATION - RESIDENTIAL

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

- Copy of the account holder's ID or passport

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

Full Names

Surname

Identification Type RSA ID Passport Temporary ID (E.G. Refugee ID)

Identification No Identification expiry date Y Y M M D D

Country of Issue

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 D D M M 2 0 Y Y

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 I/We understand that I/we shall not be entitled to any refund of amounts which the Service Provider have withdrawn while the Debit Order Authority was in force, and such amounts were legally owing to the Service Provider.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) _____

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)