

# PEC Utility Management (Pty) Ltd

Company Reg No 2004/032820/07

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pecutilities.co.za clientservicescpt@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: clientservicescpt@pecgroup.co.za or (f) 021 949 0241. 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 I/We understand that I/we shall not be entitled to any refund of amounts which the Service Provider have withdrawn while the Debit Order Authority was in force, and such amounts were legally owing to the Service Provider.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)