

CCPO Offices
1 Riverside Road,
Hutchison Park,
Amanzimtoti,
4126



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Reg.No: 2007/019465/08
VAT Reg.No: 4670244914

CONTRACT – BODY CORPORATE

CUSTOMER DETAILS

BODY CORPORATE NAME: _____

CONTACT DETAILS

PHYSICAL ADDRESS: _____
_____ CODE: _____

POSTAL ADDRESS: _____
_____ CODE: _____

CHAIRPERSON: _____ TEL NO: _____

FAX NO: _____ CELL NO: _____

E – MAIL ADDRESS: _____

MANAGING AGENT'S DETAILS

MANAGING AGENTS: _____

POSTAL ADDRESS: _____
_____ CODE: _____ CONTACT: _____

TEL NO: _____ FAX NO: _____

E-MAIL ADDRESS: _____

TERMS OF MEMBERSHIP AGREEMENT

This agreement period will commence on the Effective Date (below) and will continue for 6 (six) monthly instalments. The agreement will automatically, indefinitely renew for fixed period(s) of 1 (one) month each, unless terminated by the payer on written notice to be received by the CCPO not less than 1 (one) clear calendar month before the last day of the period. The CCPO contracted Security Company personnel may need to enter your premises during incidents in the line of duty. Should you NOT wish for this to happen at your premises please tick the box?

I have read and understand the Terms of this Agreement.

Signature (authorised person) _____ Date: _____

AUTHORITY FOR DEBIT ORDER

EFFECTIVE DATE _____

BANK ACCOUNT TYPE: CURRENT / TRANSMISSION / SAVINGS _____

ACC HOLDERS NAME: _____

AC NO: _____ BRANCH CODE: _____

BANK NAME: _____ BRANCH NAME: _____

- 01 to 20 Units R 81.00 per unit
- 20 to 40 Units R 75.60 per unit
- 40 to 60 Units R 70.20 per unit
- 60 to 80 Units R 59.40 per unit
- 100 and more units R 2355.00

Please deduct an amount of **R** _____ in favour of the CCPO on the **1st/26th** day of every month. Please advise preferred date.

Failure to do so will mean debit orders will go off on the 1st of the month

Signed this _____ day of _____ 2024 at _____

Authorised Signatory Name: _____: