

CCPO Offices

Hutchison Park
1 Riverside Road, Amanzimtoti
Opposite Lords & Legends
Amanzimtoti,
4126



Tel: 031 903 7037
www.ccpo.co.za
info@ccpo.co.za

VAT No: **4670244914**

CONTRACT – MEDIUM BUSINESS

Reg No. 007/019465/08

CUSTOMER DETAILS

TITLE: _____ INITIALS: _____ FIRST NAME: _____

SURNAME: _____ DATE OF BIRTH: _____

I.D. / PASSPORT NO: _____ ID TYPE: __ SA IDENTITY __ PASSPORT

CONTACT DETAILS

RESIDENTIAL ADDRESS: _____

_____ CODE: _____

POSTAL ADDRESS: _____

_____ CODE: _____

HOME TEL NO: _____ WORK TEL NO: _____

CELL NO: _____

E – MAIL ADDRESS: _____

NAME OF SPOUSE/PARTNER: _____ CELL NO: _____

TERMS OF CONTRACT

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 in writing not less than 1 (one) calendar month before the last day of the period. Pricing is listed below. Please note that the price might increase from time to time due to annual increases, but notice will be given timeously. The CCPO Security 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 (member) _____ Date: _____

Signature (for the CCPO) _____ Date: _____

AUTHORITY FOR DEBIT ORDER

EFFECTIVE DATE _____

BANK ACCOUNT TYPE: CURRENT / TRANSMISSION / SAVINGS _____

ACC HOLDERS NAME: _____

AC NO: _____ BRANCH CODE: _____

BANK NAME: _____ BRANCH NAME: _____

Please deduct an amount of R **486.00** in favour of the CCPO on the **1st/26th** day of every month.

Signed this _____ day of _____ 2024, at Amanzimtoti.

Authorised Signatory Name: _____ Authorised Signatory Signature: _____