



## Glycemic Index Foundation of South Africa



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### **GI SMART CLUB MEMBERSHIP APPLICATION DOCUMENT.**

Name (in full): \_\_\_\_\_ Date: \_\_\_\_\_

Address (Postal): \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**MARK HERE: IF YOU DID A CASH PAYMENT FOR THE ANNUAL FEE AND  
ATTACH THE PROOF OF PAYMENT WITH THE FAX.**

**OR COMPLETE IN FULL THE DEBIT ORDER INSTRUCTION BELOW:**

### **DEBIT ORDER INSTRUCTION TO THE GI FOUNDATION OF SA**

I/We request that the monies due in terms of the arrangements covered by this document, be drawn under the direct debits system from my/our account conducted with:

#### **A. Authority**

Given by (name of account holder) \_\_\_\_\_

Address \_\_\_\_\_

Bank \_\_\_\_\_

Branch Code \_\_\_\_\_

Account Number \_\_\_\_\_

Type of account: Current (cheque) \_\_\_\_\_ Savings \_\_\_\_\_ Transmission \_\_\_\_\_

Amount: I/We hereby "instruct and" authorise you to draw against my/our account with the abovementioned bank the sum of **R 120.00 (one hundred and twenty rand)**, the amount necessary for payment of the quarterly instalment/premium due in respect of the abovementioned agreement on the **3<sup>rd</sup>** day of March, June, September and December commencing on the first month from the date of this document and continuing for at least a 12 month period where after I may cancel in writing.

I understand that there will be an automatic increase of R5 to the above amount at the beginning of each new calendar year.

I/We hereby "instruct and" authorise you to draw against my/our account the once off amount of R\_\_\_\_\_ for the book of my choice namely \_\_\_\_\_ which was offered to me at a 50% discount.

**This signed Authority and Mandate refers to this GI Smart Club Membership Application**

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above mentioned account at my/our above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on

**Date** \_\_\_\_\_

and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds in my account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement as: **glycemicin**

**B. Mandate**

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

**C. Cancellation**

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

**D. Assignment**

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement this Authority and Mandate cannot be assigned to any third party.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE/S AS USED FOR SIGNING CHEQUES

I heard about the GI Smart Club from \_\_\_\_\_ Please Fax to 013 744 1622