

## CRADLEVIEWBIKES CONTRIBUTION FORM

| <b>DATE:</b>   | <u> </u>  |   |   |
|--|---|---|---|
| Details of Biker, Back   | Packer or Conser  | vationist .   |   |
| Name:  | Surnan  | ne:   |   |
| Cell no:   | E-mail a  | ddress:   |   |
| Banking details:   |   |   |   |
| Bank:  | Branch n  | ame:  |   |
| Branch code:   |   |   |   |
| Account number:  |   |   |   |
| Account name:  |   |   |   |
| SIGNATURE:   |   |   |   |
| Send form to: <u>info@cra</u>  | dleviewbikes.co.za  | <u>.</u>  |   |
| I, hereby authorise that i<br>per month recovered on the<br>above mentioned bank ac-<br>fees to increase or if I wish<br>of a written notice via ema | e last working day of<br>count. I will give no<br>h to cancel this auth | of every month per<br>otice to Cradlevic<br>norisation at any t | r debit order from my<br>wbikes should I wish |
| SIGNED AT  | ON THIS   | DAY OF  | 2020  |
| Banking Details:<br>Cradle View  |   |   |   |

**ABSA** 

406 799 1854