

VERPLIGTE SKOOLFONDS: KEUSE VAN BETALING
 COMPULSORY SCHOOL FEES: METHOD OF PAYMENT

**ALLE AFDELINGS MOET DEUR BEIDE OUERS VOLTOOI WORD/ALL SECTIONS
 MUST BE COMPLETED BY BOTH PARENTS/GUARDIANS.**

BESONDERHEDE VAN OUERS/PARTICULARS OF PARENTS/GUARDIANS:

1.	VAN (VADER) SURNAME (FATHER)	
	Eerste naam en voorletters First name and initials	
	ID nommer ID number	
2.	VAN (MOEDER) SURNAME (MOTHER)	
	Eerste naam en voorletters First name and initials	
	ID nommer ID number	
3	e-pos adres vir state: e-mail address for statements:	

**NAAM VAN LEERDER(S) IN LAERSKOOL EVERS DAL
 NAME OF LEARNER (S) IN EVERS DAL PRIMARY SCHOOL**

NAAM/NAME	GRAAD/GRADE	KANTOORGEBRUIK OFFICE USE

**KEUSE VAN BETALING:
 METHOD OF PAYMENT:**

Merk asseblief toepaslike blokkie
 Please tick appropriate block

Jaarlikse betaling Annual payment (Once-off)	<input type="checkbox"/>		
Maandeliks per debietorder Monthly debit order	<input type="checkbox"/>		

DEBIETORDER : AANSOEK OM DEBIETORDER – SLEGS NUWE DEBIETORDERS
DEBIT ORDER: DEBIT ORDER APPLICATION – ONLY NEW DEBIT ORDERS

Ek/ons, die ondergetekende magtig hiermee Laerskool Eversdal om met my bank te reël om die bedrae, ingevolge my/ons ooreenkoms met Laerskool Eversdal uit my rekening te onttrek volgens die ACB Magneetbanddiensstelsel op die wyse waarop Laerskool Eversdal met my bank ooreenkom.

I/We, the undersigned, duly authorise Eversdal Primary School to institute a monthly debit order against my/our bank account for the amounts, in accordance with our agreement, by means of a ACB magnetic tape system and process on which Eversdal Primary School and my bank agreed.

BANKBESONDERHEDE
BANK DETAILS

Tipe rekening Account type	<input type="checkbox"/> Tjek/Cheque <input type="checkbox"/> Spaar/Savings <input type="checkbox"/> Transmissie/ Transmission		
Naam van Rekeninghouer(s) Name of Account Holder (s)			
Naam van Bank Name of Bank			
Naam van tak Branch Name		Bankkode Branch Code	
Bankrekeningnommer Account Number			

PERSOONLIKE BESONDERHEDE :
PERSONAL DETAILS

Adres/Address		
Telefoon/Telephone	(Werk/Work)	
	(Huis/Home)	
	(Sel/Cell)	
e-pos/e-mail		
Handtekening /Signature	<u>Vader /Father/Guardian</u>	<u>Moeder/Mother/Guardian</u>

Datum/Date : _____

Oudste leerder(s) en Graad
 Eldest Learner(s) and Grade : _____

Telefoonno. /Telephone nr. : _____