

**ALEXANDRIA FARM PROTECTION
PLAN/SERVICE
SUBSCRIPTION / DONATION FORM
EASTERN BORDER ASSOCIATION**

P.O. BOX 181
ALEXANDRIA
6185

Non-Profit Organisation

First Name: _____ Cell number: _____
Last Name: _____ Home number: _____
Vat No: _____ Email address: _____
Trading Name: _____ Residential address: _____
Postal address: _____

DETAILS OF FINANCIAL SUPPORT FOR SECURITY CAMERA INITIATIVE

CAMERA INSTALLATION:

- Once off donation (excl VAT, VAT invoice required) R _____
 Once off donation excluding VAT (no VAT invoice required) R _____

MONITORING FEES:

- Monthly Subscription Amount (excl VAT, VAT invoice required) R _____
 Monthly Subscription Amount excluding VAT (no VAT invoice required) R _____
 Annual Subscription Amount (excl VAT, VAT invoice required) R _____
 Annual Subscription Amount excluding VAT (no VAT invoice required) R _____

Method of Payment

Invoices will be sent for each amount indicated above. Payment will be due and payable monthly by the 1st of each month and annually in advance. EFT payments are to be made into the bank account of :

Alex Farm Protection
Standard Bank
Branch Code 050-817
Account Number 28 026 411 9

NOTE: PLEASE ONLY PAY ONCE YOU HAVE RECEIVED AN INVOICE OR DONATION FORM

I/ We agree that Alexandria Farm Protection may process invoices for the purpose of the initial donation and/or monthly subscription and/or annual subscription and I/we will make payments as per the schedule indicated above.

Signature _____

Date _____