

**Application to become a Patron of the General Jan Smuts Foundation NPC
Registration Number: 1961/000004/08 SARS PBO Number: 9320003644**

I _____ residing at/
operating from:

With email address _____ and mobile telephone

number of: _____ and being a citizen/

corporation of _____ (country) and having an

Identification/ Registration number of:

_____ do hereby apply to the board of the Foundation to be acknowledged as a patron. I acknowledge that patronage will be agreed to provided that I make an annual contribution paid monthly equal to a minimum amount as agreed to by the board from time to time. I acknowledge that as long as I am admitted as a patron that I have no power or authority to bind or represent the foundation and am entitled to certain privileges as may be bestowed or negotiated by the foundation from time to time. I further acknowledge that should I through my behaviour or other activity bring, or potentially bring, the foundation into disrepute that the board may terminate my patronage following an inquiry held by the foundation. I further agree to do my utmost to promote the ideals of the Foundation and further its purposes to the best of my ability.

All correspondence between myself and the foundation shall take place via the email address provided above or notified to the foundation in writing from time to time.

I acknowledge that unless I hear to the contrary within 30 days from handing in my application that my application has been successful and that I on the collection of the first debit order shall be considered to be a patron of the foundation.

This done and agreed to on this the _____ day of _____ in the year _____

(Signature of individual or director authorised to bind the corporation)

I became aware of the foundation patronage program as a result of

Debit Order Instruction

In view of my patronage of the General Jan Smuts Foundation NPC (hereinafter referred to as the Foundation), or its legal successors:

I hereby authorise the Foundation, its successors in title, or their agent, appointed by it from time to time, to issue and deliver payment instructions to your/their Banker for collection against my account number _____ held at _____(Bank) (or any other bank or branch to which I may transfer my account) on condition that the sum of such payment instructions will never exceed that agreed to by myself from time to time in writing (includes an email instruction) and commencing on and continuing until this Authority and Mandate is terminated by me by giving you one calendar’s month notice in writing.

The individual payment instruction so authorised must be issued and delivered monthly (on the _____ day of every month) 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 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. Such should enable me to identify the transaction. I understand for now the reference will be “MMC”.

I acknowledge that all payment instructions issued by you shall be treated by my Bank as if the instructions have been issued by me personally.

I shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force.

The initial monthly contribution to be debited to my account shall be: R_____

(Words)

Signed at _____ on this _____ day of _____ 20____

SIGNATURE OF ACCOUNT HOLDER