DEBIT ORDER FORM CAPE TOWN CREATIVE ACADEMY

T +27 (0) 21 201 1150 F + 27 (0) 86 720 4591 The Old Biscuit Mill, 373 Albert Road Woodstock, 7925, Cape Town Suite 7, Private Bag X4, Woodstock Cape Town, South Africa, 7915 info@ctca.co.za www.ctca.co.za

COMPANY REG NO: 2011/11996/07

TO:	FDOM	
CAPE TOWN CREATIVE ACADE	FROM:	
Abbreviated name as registered	Student no	
with the bank: CTCA	Student name & surname	
The Old Biscuit Mill	Debtor name & surname	
373 Albert Road		
Woodstock, 7915	Email	
Cape Town South Africa	Address	
	Code	
	Contact no	
Dear Sir/Madam, the details of n	ny/our account is as follows:	
Account holder name & surname		
Bank		
Branch name & town		Code
Account no		
Tyoe of account		
Monthly debit amount	R	
Commencement date from (1 OR	15) February	to November

All programmes offered by the Cape Town
Creative Academy (Pty) Ltd are accredited by the
Council on Higher Education and registered on
the National Qualifications Framework on level 7
by the South African Qualifications Authority. The
Cape Town Creative Academy is provisionally
registered with the Department of Higher
Education and Training until 31 Dec 2017 as a
private higher education institution under the
Higher Education Act, 1997. Registration
Certificate: No 2014/HE07/009

PROGRAMME	CODE	CHE REFERENCE	SAQA REGISTRATION	NQF
		NUMBER	NUMBER L	LEVEL
Bachelor of Arts in Audiovisual Studies	BA (AVS)	H/PR624/E003CAN	93545	7
Bachelor of Arts in Communication Design	BA (CD)	H/PR624/E001CAN	93546	7
Bachelor of Arts in Contemporary Art	BA (CA)	H/PR624/E004CAN	97970	7
Bachelor of Arts in Interaction Design	BA (ID)	H/PR624/E002CAN	91116	7

 $\textbf{Board of Directors:} \ Theo\ Pauw\ |\ Ivan\ Pauw\ |\ Francisca\ Gebert\ |\ Francois\ Jonker,\ Gustav\ Vermeulen.$

Reg No: 2011/119961/07

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned 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 the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows:

i On the	_day ("payment day") of each a	nd every month comme	ncing on				
In the event that the payment day will au the nominated acco	e payment day falls on a Saturd	ay, Sunday or recognize dinary business day. Fur are entitled to track my	d South African public holiday, th ther, if there are insufficient funds account and re- present the				
	ter the dates when the obligatio instruction may not be more or		nent is due and the amount of ea due;	ich			
provided by the Sou bank statement. Each and if provided to you before the issuing o	oth African Banks and I also und th transaction will contain a nur ou should enable you to identify	derstand that details of ember, which must be inc y the Agreement. A paym of eshall not be entitled to	It through a computerized system each withdrawal will be printed on sluded in the said payment instruction reference is added to this for any refund of amounts which yoully owing to you.	n my ction rm			
MANDATE							
I / We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned bank as if the instructions had been issued by me/us personally.							
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.							
ASSIGNMENT							
or assigned to that t		_	ird party if the agreement is also e Agreement, this Authority and	ceded			
Signed at	on this	day of	20				
SIGNATURE AS USE	D FOR SIGNING CHEQUES						
FOR OFFICE USE AGREEMENT REFER	ENCE NUMBER:						