



APPLICATION FORMS

EASTERN CAPE POLICE PENSIONERS ASSOCIATION (ECPA)

PERSONAL DETAILS														
SURNAME											INITIALS			
FIRST NAMES														
ID No.														
PASSPORT NO.														
PENSION No CP:														
PERSAL NO:										RANK:				
POLMED NO:														
ADDRESS														
Postal Address														
												CODE:		
Physical Address														
												CODE:		
CONTACT														
Tell No.														
Cell No.														
Email Address:														

FOR STOP ORDER OF R60.00													
DETAILS OF ACCOUNT													
ACCOUNT HOLDER:													
NAME OF BANK:													
ACCOUNT NUMBER:													
BRANCH NAME:										BRANCH CODE:			

DATE OF COMMENCEMENT													
1 st		30TH		31st		Day OF EVERY MONTH							

I the undersigned hereby authorise ECPA to draw by means of electronic debt of magnetic tape against the above account with a financial institution in the above name on the abovementioned deduction day or within 7 working days thereafter. I hereby acknowledge reading and understanding the content of this application.

Account holder's signature

NAME

DATE

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