



APPLICATION FORMS

EASTERN CAPE POLICE PENSIONERS ASSOCIATION (ECPPA)

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 R100.00			
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 ECPPA 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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