## **Origin SA Partner Form**

Please complete this form and return to: Origin South Africa, PO Box 229, Durbanville, 7551



To the directors of Origin South Africa. I wish to become an Origin Partner and regularly support the ministry financially.

I wish to make monthly support payments of

	R45 R95 R150 R	(other, please specify)
Please s	use your name a skip section 2 be	o myself already using internet/phone banking (please as the reference, Origin SA account details below) – elow. please to forward this to my bank for processing –
Your full	name	
Your ad	dress	
Your ph	one number	
Your em	nail address	
To the r	manager	
		(Your bank name)
		(Your bank address)
Please r	make monthly pay	ments as indicated above from my account below
Your branch code		
Your bank account no		
to the ac	count of: <b>Origin</b> Bank: Branch code: Account no:	First National Bank 201410 (Tygerberg)
to start f	rom / first paymer	nt date (to continue until further notice)
Quoting	reference:	(to be completed by Origin SA)
		(Your signature)