

MONTHLY OPERATIONAL EXPENSE (OPEX) UMNGENI COMMUNITY SAFETY INITIATIVE (NPC) AFFILIATION FORM



**UMNGENI
MUNICIPALITY**
endorses the
UCSI NPC

PERSONAL DETAILS

NAME: _____ **SURNAME:** _____

NAME OF ENTITY: _____ (Business, Shopping Centre, Estate, Complex, School, Hospital, Security Company)

ADDRESS: _____

AREA: _____ (Select from: Hilton, Howick North, Howick West, Howick South, Kwa Mevana, Merrivale, Merrivale Heights, Birnamwood, Mpophomeni, Karkloof, Curry's Post or Other)

CELLPHONE: _____ **LANDLINE:** _____

EMAIL ADDRESS: _____



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FEE PER MONTH - Business, Shopping Centre, Estate, Complex, School, Hospital, Security Company

SMALL (1 - 10 employees / residents / learners / clients etc...)	R300 maximum	R300 YES	(Please tick)
MEDIUM (11 - 100 employees / residents / learners / clients etc...)	R1000 maximum	R1000 YES	(Please tick)
LARGE (101+ employees / residents / learners / clients etc...)	R1500	R1500 YES	(Please tick)

FEE PER MONTH - Private Individual (Residential Household) Affiliation

PRIVATE INDIVIDUAL	R30 or more is welcome	R30 YES	(Please tick)
PRIVATE INDIVIDUAL (Annual once-off payment)	R360	R360 YES	(Please tick)

NOTE: Non-contributors are liable for a fee of R1500 to utilise UCSI NPC localised information and network OR to join the UCSI NPC by becoming a contributing member and signing a one year affiliation form for R360 for the year (private household / individual) or a business entity fee as per the table above.

DEBIT ORDER INSTRUCTION - Umngeni Community Safety Initiative (UCSI) NPC

NAME: _____ **ID NUMBER:** _____

BANK: _____ **BRANCH:** _____

BRANCH CODE: _____ **ACC NUMBER:** _____

I/we hereby request, "instruct" and authorize the UCSI NPC to draw against my/our account with the above mentioned bank (or any other bank or branch which I/we may transfer my/our account) the sum of R _____ (amount in words)

This is the amount necessary for payment of the monthly installment due in respect of the above mentioned affiliation to the UCSI NPC. The debit order will go through on the **1st 7th 15th 25th** day of every month (**tick correct box**). All such withdrawals from my/our bank account by UCSI NPC shall be treated as though they had been signed by me/us personally.

I/we understand that the withdrawals hereby authorized will be processed by computer through a system known as the ACB Magnetic Tape Service, and I/we also understand that details of each withdrawal will be printed on my bank statement or on any accompanying voucher. I/we agree to pay any bank charges relating to this debit order instruction. This authority may be cancelled by me/us by giving thirty (30) days' notice in writing.

SIGNED AT _____ on this _____ day of _____ 20____

SIGNATURE OF CONTRIBUTOR



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DONATIONS - Umngeni Community Safety Initiative (UCSI) NPC

NAME: Umngeni Community Safety Initiative NPC **BRANCH CODE:** 220725
BANK: FNB **ACC NUMBER:** 62771382745
BRANCH: Howick **REF:** Initial, Surname & Entity Name
I require a SECTION 18A certificate YES

Umngeni Community Safety Initiative (NPC) CIPC: 2018/365592/08 Income Tax Exemption PBO No: 930063334 www.ucsi.org.za

The UCSI NPC is under no obligation to divulge any criminal or private investigation information obtained, to a contributing member or the general public, and reserves the right to withhold any information at its discretion, pending a criminal or private investigation.

OR
Scan & Email to
donate@ucsi.org.za