

REMITTANCE ADVICE / BETALINGSADVIES

B This section must be completed and returned with payment / Hierdie afdeling moet voltooi word en betaling vergesels
 PLEASE INDICATE METHOD OF PAYMENT: / DUI ASSEMBLIEF METODE VAN BETALING AAN:

<input type="checkbox"/> Bank Deposit / Bank Deposito	<input type="checkbox"/> Credit Card / Krediet Kaart	<input type="checkbox"/> Electronic Transfer / Elektroniese Oorplasing	Invoice/Faktuur: Account/Rekening	Amount/Bedrag
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C Use this section if you wish to pay by means of electronic transfer / Gebruik hierdie afdeling indien u per elektroniese oorplasing wil betaal

Details of payee / Besonderhede van begunstigde	
Reference number * / Verwysingsnommer *	
Amount payable / Bedrag betaalbaar	R

Beneficiary's details / Besonderhede van begunstigde			
Beneficiary name / Begunstigde naam	The South African Pharmacy Council (SAPC) / Die Suid-Afrikaanse Aptekersraad (SAAR)		
Bank name / Bank naam	Standard Bank of Southern Africa / Standard Bank van Suid-Afrika		
Bank Branch name / Bank Tak naam	Van der Walt Street / Van der Walt Straat	Branch code / Takkode	0 1 0 1 4 5
Account number / Rekening nommer	0 1 1 8 8 5 8 6 6	Account type/ Rekening tipe	Cheque Account / Tjekrekening

Please note / Let wel

- The above reference number* can only be used for the specified single entity. / Die bogenoemde verwysings nommer* slegs gebruik kan word vir die gespesifiseerde enkel entiteit.
- The correct reference number* must be used for correct allocation. / Die korrekte verwysings nommer* gebruik moet word vir korrekte allokering.
- Council does not take responsibility for the payment if the incorrect details are used. / Die Raad neem geen verantwoordelikheid vir die betaling indien die verkeerde besonderhede gebruik is nie.

D: Use this section if you wish to pay by credit card. / Gebruik hierdie afdeling indien u per kredietkaart wil betaal.
MASTER AND VISA CARDS ONLY / SLEGS MASTER- EN VISA-KAARTE

Details of Card Holder / Besonderhede van Kaarthouër			
Surname / Van	Initials / Voorletters	Title / Titel	
Identity number / Identiteitsnommer			
Contact nr. (pref. cell nr.) / Kontak no. (sell nr.)	()	-	
Postal address / Posadres			
	Postal code / Poskode		

Credit card details / Kredietkaartbesonderhede

Bank			
Card / Kaart	Master	Visa	Card number / Kaartnommer
Expiry date / Vervaldatum	M / M / Y / Y	CVW nr.	Straight / Direk
	6 months / maande	12 months / maande	

Payment order / Betalingsmandaat

I, the undersigned, hereby authorise the South African Pharmacy Council to debit my credit card with the amount of: Ek, die ondergetekende, gee hiermee toestemming aan die Suid-Afrikaanse Aptekersraad om my kredietkaart te debiteer met die bedrag van:	R	
I declare that the above information is true & complete / Ek verklaar dat bogenemde inligting waar & volledig is	Signature/Handtekening	Date Datum
		D D / M M / Y Y Y Y

E: Use this section if you wish to pay by direct bank deposit. / Gebruik hierdie afdeling indien u per direkte bankdeposito wil betaal.

<p>M65 Credit Transfer Shaded areas for bank use only</p> <p>Registered Bank Reg. No 6298739/06 Geregistreerde Bank</p> <p>Please take statement and M65 to Standard Bank Branch</p> <p>The bank shall not be responsible for the accuracy of data reference fields. Cheques, etc. handed in for collection will only be available as cash when paid. While acting in good faith and exercising reasonable care, the Bank will not accept responsibility for ensuring that depositors/account holders have lawful title to cheques, etc., collected</p> <p>Date: <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D</p> <p>Name of customer: SA PHARMACY COUNCIL</p> <p>Operator initials: <input type="text"/></p> <p>Destination branch name: VAN DER WALT STR, PTA</p> <p>Depositor's signature: <input type="text"/></p> <p>Cash deposit fee R _____</p> <p>No. of cheques as per attached tally _____</p> <p>Total Credit *R _____</p>																																																																																																																																																																																															
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** "Customer I.D. number" is Council's bank account reference. "Account number" is the pharmacy's account number with the Council.