



KYOKUSHIN-KAN KARATE-DO ORGANISATION : AFRICA

CHAIRMAN: SHIHAN HENNIE BOSMAN – 7th DAN

WELGEMOED – DOJO

AFFILIATED WITH KANCHO HATSUO ROYAMA - JAPAN

P.O. Box 6484
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SOUTH AFRICA

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ALL NEW
MEMBERS

ID SIZE
PHOTO
MUST BE
INCLUDED

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------|----------------------|--|--|--|--|--|--|--|--|--|--|-----------|--------|--|--|--|--|--|--|--------|--|--|--|--|--|--|
| APPLICATION | KARATE MEMBER | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Name & Surname | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Date of Birth | | | | | | | | | | | | Mobile | | | | | | | Mobile | | | | | | |
| | School | | | | | | | | | | | Dojo/Club | | | | | | | | | | | | | | |
| E-mail address | | | | | | | | | | | | | | | | | | | | | | | | | | |

- 1 I the undersigned hereby apply to practice Kyokushin-Kan Karate and agree to abide by the rules and regulations of KYOKUSHIN-KAN KARATE in effect at this date or made during the duration of the membership.
- 2 I voluntary accept risk of injury in the course of my tuition whether on or off the premises (Or applicable venue) and agree that neither the principle instructor or anyone involved from KYOKUSHIN-KAN KARATE or fellow student will be held responsible for any injury what so ever
- 3 Termination notice must be done in writing at least 1 term in advance. Failure to do so will render us liable for fees of the next period

| | | | | | | | | | | | | | | | | | | |
|--|---|---------|--|-----------------------|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|
| DEBIT ORDER | PERSONAL DETAILS OF PERSON RESPONSIBLE FOR PAYMENT | | | | | | | | | | | | | | | | | |
| | Surname / Company Name: | | | | | | | | | | | | | | | | | |
| | Full names / Trading Name: | | | | | | | | | | | | | | | | | |
| | ID number / Registration Number | | | | | | | | | | | | | | | | | |
| | E-mail Address: | | | | | | | | | | | | | | | | | |
| | Contact details: | | | | | | | | | | | | | | | | | |
| | Client reference number: OFFICE USE ONLY: | | | | | | | | | | | | | | | | | |
| | BANK DETAILS OF PERSON RESPONSIBLE FOR PAYMENT | | | | | | | | | | | | | | | | | |
| | Name of Account Holder: | | | | | | | | | | | | | | | | | |
| | Account Type: | | | | | | | | | | | | | | | | | |
| Name of Bank: | | | | | | | | | | | | | | | | | | |
| Account Number: | | | | | | | | | | | | | | | | | | |
| Branch Name: | | | | | | | | | | | | Branch Code: | | | | | | |
| COLLECTION INSTRUCTION - | | | | | | | | | | | | | | | | | | |
| I/We understand that the withdrawals hereby authorized will be processed by computer through a system known as the ABC Magnetic Tape Service, and that the details of each withdrawal will be printed on my bank statement or on an accompanying voucher. All members will be informed by the 30 th of November of the increased fee for the following year. Please tick the applicable | | | | | | | | | | | | | | | | | | |
| Recurring Deductions | | Monthly | | Date of 1st Deduction | | | | | | | | Amount R | | | | | | |

I/We, the client or the duly authorised representative thereof ("the CLIENT"), hereby authorise the entity mentioned below ("KYOKUSHIN-KAN KARATE"), ABSA LTD. and/or its agents, to collect by means of electronic debit from the above account in the name of the CLIENT at the same or any other bank, all or any monies due by the CLIENT to KYOKUSHIN-KAN KARATE as principal debtor or for any other reason, and to pay same to KYOKUSHIN-KAN KARATE. The authority so given is restricted to the amount mentioned above and may be deducted on the mentioned 7 working days thereafter.

I / We accept the following to be applicable hereto:

- 1 This authorisation may only be withdrawn with 90 (ninety) days written notice to KYOKUSHIN-KAN KARATE at its physical Address.
- 2 I and/or the CLIENT, individually and collectively and hold harmless KYOKUSHIN-KAN KARATE, ABSA LTD and/or its agents against any claim of any nature arising from the electronic debit or transfer or from any other cause following this authorisation and irrespective whether such authorisation had been withdrawn or not;
- 3 In the event of the relevant account not having sufficient cleared funds to meet any debit, I am aware that the fee will be debited against the CLIENTS account by the bank and KYOKUSHIN-KAN KARATE relating to the return of the debit and I accept the responsibility to ensure sufficient cleared and available funds to the minimum of the limit above (or as amended from time to time).
Any reference to the entities above includes a reference to any successor in title or in appointment;
- 4 This authorisation is not an amendment to any specific arrangement regarding payment of accounts and serves merely as an arrangement as the method of payment, in part or in full, and any account with KYOKUSHIN-KAN KARATE needs only to be credited once actual payment is received by the KYOKUSHIN-KAN KARATE, and
- 5 Should any dispute arise about KYOKUSHIN-KAN KARATE'S right to collect any amount in terms hereof, the CLIENT shall have the onus to instruct his bank to refuse or return any debit as unpaid.
- 6 I Acknowledge that all set instalments must be paid in full and may not be suspended for any reason what so ever. That my failure to attend the CLASSES or partake of it services will not relieve me of any liability of the payments of said amounts and that in the event of any default of any instalments, the entire unpaid balance will be declared due and payable to KYOKUSHIN-KAN KARATE. I agree that the contract continues to run with full effect after the 3 month period and will only be cancelled upon a 3 month written CANCELLATION LETTER for which I am responsible for issuing to KYOKUSHIN-KAN KARATE.
- 7

Signed at _____ on the _____ day of _____

SIGNATURE AS USED FOR SIGNING CHEQUES

BANKING DETAIL: KYOKUSHIN-KAN HOLDINGS
ABSA CHEQUE ACC No. 4061885831
BRANCH CODE: 632005
With child's name,surname & dojo as ref.