

CCPO Offices  
1 Riverside Road,  
Huhison Paek  
Shop No. 18, Amanzimtoti, 4126  
P O Box 386, Winkelspruit, 4145



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Reg. No.

2007/019465/08

VAT Reg.No:

4670244914

**CONTRACT – BUSINESS**

REP CODE:

**CUSTOMER DETAILS**

COMPANY NAME: \_\_\_\_\_

COMPANY REG NO: \_\_\_\_\_

**CONTACT DETAILS**

PHYSICAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ CODE: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ CODE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TEL NO: \_\_\_\_\_

FAX NO: \_\_\_\_\_ CELL NO: \_\_\_\_\_

E – MAIL ADDRESS: \_\_\_\_\_

**TERMS OF CONTRACT**

This agreement period will commence on the Effective Date (below) and will continue for 6 (six) monthly instalments. The agreement will automatically, indefinitely renew for fixed period(s) of 1 (one) month each, unless terminated by the payer on written notice to be received by the CCPO not less than 1 (one) clear calendar month before the last day of the period. The CCPO contracted security company personnel may need to enter your premises during incidents in the line of duty. Should you NOT wish for this to happen at your premises please tick the box?

I have read and understand the Terms of this Agreement.

Signature (authorised person) \_\_\_\_\_ Date: \_\_\_\_\_

Signature (for the CCPO) \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORITY FOR DEBIT ORDER**

EFFECTIVE DATE \_\_\_\_\_

BANK ACCOUNT TYPE: CURRENT / TRANSMISSION / SAVINGS \_\_\_\_\_

ACC HOLDERS NAME: \_\_\_\_\_

AC NO: \_\_\_\_\_ BRANCH CODE: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ BRANCH NAME: \_\_\_\_\_

Please deduct an amount of **R440.00** in favour of the CCPO on the **1<sup>st</sup>/8<sup>th</sup>/ 16<sup>th</sup>/ 26<sup>th</sup>** day of every month. Please select preferred date. Failure to do so will mean debit orders will go off on the 1st of the month.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2021 at \_\_\_\_\_

Authorised Signatory Name : \_\_\_\_\_

Authorised Signatory Signature : \_\_\_\_\_