



RAND CLUB
JOHANNESBURG

AUTHORISATION TO DEBIT

Kindly submit this completed form, together with copies of both sides of the DEBIT / CREDIT CARD and a copy of the PASSPORT and / or South African I.D.

I, the undersigned _____ Holder of:

Credit Card Number: _____/_____/_____/_____

CVC (Last 3 or 4 digits on the back of the card) : _____

Expiry Date: ____/____/_____

Card Type: Mastercard / Visa / American Express

Name of bank:: _____

I hereby authorize Rand Club to debit the above credit card to the value of R_____

On (date): _____

Rand Club Membership Number: _____

PERSONAL DETAILS:

Full name and surname:

Identity/Passport number: _____

Telephone number (home): _____

Telephone number (work): _____

Signature of the cardholder: _____

Please complete this form and email to: accounts@randclub.co.za