

I hereby warrant and certify that the information herein is true and correct in all respects.

Name of Director / Member / Trustee / Owner / Partner / Manager of Security Training Provider

Remittance may be paid directly into the Authority's bank account using the deposit slip set out below. Should you elect to remit your payment by direct deposit, please fax a copy of your deposit slip to : **086 558 3030**. Please note that Nedbank will retain this original deposit slip. Two copies hereof should accompany this deposit slip upon banking. One copy will be returned to you, stamped by the cashier, for you to retain as proof of payment.

Signature

Date

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| A division of Nedkor Bank | NK Limited Reg No 1951/00000 | DEPOSIT SLIP | ate D D | MM | YY |
|---|---------------------------------|---|---|---|---|
| | - | | Rand | | С |
| Branch ARCADIA (where account is kept) | | TOTAL OF CASH, POSTAL AND MONEY ORDERS | | | |
| Credit PRIVATE SECURITY INDUSTRY REGULATORY AUTHORITY (State name in BLOCK LETTERS) | | CHEQUES – STATE NAME OF DRAWER | | | |
| | | 1 | | | |
| Depositor's name in BLOCK LETTERS | Depositor's signature | 2 3 4 | | | |
| REFERENCE FIELD | | TOTAL | R | | |
| ACCOUNT NUMBER 1 6 3 3 3 6 6 Deposited by | <u>2000</u> | accou again bank' bank bank bank bank bank bank bank bank | : Instruments deliverer ntholder shall be ava st uncleared effects wh discretion and shall at its discretion, shall be amount of any unp t no responsibility inholders have lawful shall also not be n ation furnished by or c o duty to check or ver | ailable as cash only hich may be allowed not give rise to any be entitled to debit aid or dishonoured for ascertaining title to instruments esponsible for erro no behalf of the acco | y when paid. Any d by the bank shal claim against the t the account holder instruments. The g whether depo delivered for coller ors resulting from ountholder and the |