



**The Sandton Precinct**  
**(acting for Hurlingham Manor North Association)**  
**Association incorporated under Section 21 limited by guarantee**  
Co. Reg. No. 95/08646/08  
PO BOX 787140, Sandton, 2146  
Tel: (011) 784-5436

**PERSONAL DETAILS:**

Name: Mr / Mrs / Miss / Dr \_\_\_\_\_

Erf No: \_\_\_\_\_ ID No: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Code: \_\_\_\_\_

Tel: (Work) \_\_\_\_\_ (Home): \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Owner/Tenant: \_\_\_\_\_

The HMNA database will save your contact details i.e. your name, address, contact numbers and email addresses (no other information is held). The HMNA uses this information solely for the purposes of communication, improving our community and making our suburb a safer place. The information is occasionally shared amongst our committee members and those directly associated with the HMNA for the aforementioned purposes

**DEBIT ORDER:**

Bank Name: \_\_\_\_\_

Branch Name: \_\_\_\_\_ Branch No: \_\_\_\_\_

Account Name : \_\_\_\_\_ Account No: \_\_\_\_\_

Type of Account:  Current  Savings  Transmission  Other \_\_\_\_\_

Frequency Period :  Monthly  Annually First Payment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount in words: \_\_\_\_\_ Amount in rands : R \_\_\_\_\_

**INTERNET PAYMENTS:**

You may pay directly into our bank account – Please use your street address as the reference

Beneficiary Details: Hurlingham Manor North Association Account No: 1522 152 482

Branch No: 152205 Epsom Downs Bank Name: Nedbank

The subscription is R395 per month, if paid annually the 12<sup>th</sup> month is free, R4345 per annum. Pensioner's subscription is R315 per month or R3465 per annum. If joining mid-year a pro-rata amount applies – Financial year end is 28 February.

Please note that cancellation of membership must be made in writing to the HMNA. If you have any queries please contact Angela Perfect at [membership@hmna.co.za](mailto:membership@hmna.co.za) or 083 384 5720(Cell).

I/We confirm that I/We shall have no claim against the bank in respect of any consequences of any failure on their part to make payment on due date.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Please email this form to Angela Perfect alternatively contact Angela or your street representative to collect**