



HAEMOPHILIA ASSOCIATION OF LESOTHO

PO Box 9583
Maseru
Lesotho
100

 chairperson@haemophilia.org.ls

DEBIT ORDER INSTRUCTION

I, _____ hereby authorise Haemophilia Association of Lesotho to debit R _____ per month against my bank account. Payments must take place on the first day of every month, commencing on 01/_____/20_____.

Bank: _____

Branch: _____

Branch code: _____

Account nr: _____

Account type: _____

Address: _____







Reference nr: _____ (Current donors)

Signature: _____ Date: _____