



**PARTICIPATION FORM: Senderwood Linksfield Community Active Protection**

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www.slcap.co.za

CAP Control Room – 0861 227 227

I hereby confirm that I want to continue to benefit from the SLCAP initiative, which has seen contact crimes in this area reduce by over 90% since it was initiated.

**For the Proactive Service**

To ensure continued proactive crime prevention through SLCAP, I pledge a monthly amount of:

R3 150.00  R 2 600.00  R2 100.00  R1 575.00  R1 250.00  R650.00  R550.00  R450.00

Other (Specify)

**For Armed Response**

R499.00

**Debit order authorisation:**

By my signature below, I authorise SLCAP to debit my account as set out below on the 1<sup>st</sup> day of each month.

SLCAP BANKING DETAILS	<b>Account Holder</b>		In the case of a Debit Order, please complete the banking information
	<b>Bank Name</b>		
	<b>Branch Name</b>		
	<b>Branch Code</b>		
	<b>Account Number</b>		
	<b>Reference</b>	Please include your FULL NAME as a reference	

**Lump sum donation**

I hereby pledge a contribution of \_\_\_\_\_ into the account designated below;

SLCAP BANKING DETAILS	<b>Account Holder</b>	SLCAP	In the case of an Internet Transfer or Direct Deposit, please make use of this bank account
	<b>Bank Name</b>	Standard Bank	
	<b>Branch Name</b>	Norwood	
	<b>Branch Code</b>	004105	
	<b>Account Number</b>	001835343	
	<b>Reference</b>	Please include your FULL NAME as a reference	

My contact details are as follows:

Full Name:	
ID Number:	
Physical Address:	
Mobile Number :	
E-mail Address:	

4. Signed at \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_

SIGNATURE