

# IDUSA Membership Form

The spear of the workers



2138 Umhlume Street, EXT 15, Olievenhoutbosch, Centurion, 01175

[www.idusa.org.za](http://www.idusa.org.za)

Cell: (+27) 64 664 1044 Email: [info@idusa.org.za](mailto:info@idusa.org.za)

Tell: (+27) 12 652 3175

COMPANY NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

GENDER:  M  F

LANGUAGE: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

COMPANY TEL: \_\_\_\_\_

COMPANY CONTACT PERSON: \_\_\_\_\_

SECTOR: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

## MEMBERSHIP OATH DECLARATION

I ..... Solemnly declare that I will abide by the aims, objectives and progressive policies as stipulated on the constitution of the union (IDUSA) Independent Democratic Union of South Africa. I voluntarily join IDUSA without any motive of personal gain or material benefit, and I understand that I am not entitled to any positions, employment or deployment to and by the Union. I will participate on the unions programs and strive to achieve the workers. I vow to defend all workers, their interests and struggles through the advancements of the union as the vehicle to realise economic freedom for all workers across all sectors, industries, race and levels of pay grades. I further commit to abide by the principles of democratic centralism which is that the individual is subordinate to the organisation, the minority is subordinate to the majority, the lower level is subordinate to the higher level, and decisions of the upper structures are binding on the lower structures.

## Authority and Mandate for payment Instruction: Electronic and Witten Mandates:

Account Holder Names (given by): \_\_\_\_\_

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

Account number: \_\_\_\_\_

Date: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

Account Type: \_\_\_\_\_

Branch & Code: \_\_\_\_\_

Abbreviated Name as Registered with the Bank:

**IDUSA**

This signed Authority and Mandate refers to our contract dated ..... ("the Agreement").  
I/we hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on ..... and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above. The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day. Payment Instructions due in December may be debited against my account on \_\_\_\_\_

I / We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction.

**Mandate** - I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

**Cancellation** - I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

**Assignment** - I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

SIGNATURE AS USED FOR PPEARING THE ACCOUNT: \_\_\_\_\_

SIGNED AT \_\_\_\_\_

DATE: \_\_\_\_\_

ASSISTED BY: \_\_\_\_\_

AGREEMENT REFERENCE NUMBER IS: \_\_\_\_\_

