



COUNTERPOINT TRADING 522 (Pty) Ltd.

1/a COUNTERPOINT DEBT COLLECTORS

Reg nr. 2017/525880/07  
Vat nr. 4750208318

Allocation Date: 2024/02/08

Munnik Basson Dagama Incorporated (MBD Inc.) has requested COUNTERPOINT LEGAL to obtain a new payment arrangement. All balances herein are as on 2024/02/08 and does not include future interest and/or charges. The customer remains liable for the full outstanding balance including future interest and/or charges.



77110330

## DEBTOR VERIFICATION FOR TRACING AGENT

Name and Surname	HILLARY GERALDINE SAMUELS
ID/Passport number	6305210211089
ACC Number	5274662206573367
Reference Number	77110330
Collection Company	COUNTERPOINT LEGAL
Original Loan Company	ASC SBSA CREDIT CARD 11.4 PWO
Outstanding Balance	R 14 918.19
Instalment Amount	R 828.79
Last Payment Date	

## DEBTORS DETAILS

Work Address	RUSSELLS   RUSSELLS   RUSSELLS
Home Phone Number	059150020   0215915002   0219288284   0835065426   0835065246   0835065426
Work Phone number	0215914734   0219443308   0219302517
Additional Address 1	30 KAMBRO ROAD   UITSIG   CAPE TOWN   7493 Ravensmead
Additional Address 2	10 MURRAY STREET   VASCO ESTATE   GOODWOOD   7460
Additional Address 3	10 LEONWARD COURT   MARRAY STREET   GOODWOOD   7460
Cell Phone Number:	W. app 061 261 0292 / 083 5065 426

## EMPLOYMENT DETAILS

Company Name: TAFELBERG MEUBELS	
Address: DURBAN ROAD BELLVILLE 7530	
Tel Number: 021 944 3308	Site Tel Number: 021 944 3308
Employee Number:	Working Hours: 8-5
Occupation: CALL CENTRE AGENT	Pay Date: 26
Type of Employment:	<div><div><input checked="" type="checkbox"/></div>Permanent</div> <div><input type="checkbox"/>Temp Worker</div> <div><input type="checkbox"/>Self Employed</div> <div><input type="checkbox"/>Other</div>

Desmond Finch

Call Centre Agent Details





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## TRACE CIF SHEET

Debtor's Name and Surname	HILLARY GERALDINE SAMUELS		
Debtor's ID or Passport number	6305210211089		
Town Province			
Region	WC		
Employer	Tafelberg Moubels		
Employer/Employee Number	Name		
Tel Home	419333809		
Tel Other	✓	0835065426	061 261 0292
Tel Work	✓	0219443308	
BurureauPrevTel			
BurCurrTelno			
Address			
Physical Code			
PhysicalLine1			
PhysicalLine2	PO BOX 384   GOODWOOD		
PhysicalLine3			
PhysicalLine4			
Special Instruction			
Town			
Suburb			

## Additional Info

Postal Address	PO BOX 384   GOODWOOD
Residential Address	
Additional Address	

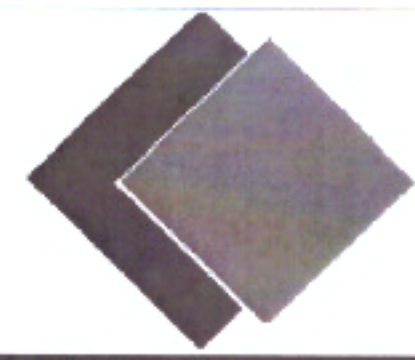
## Inscription on Bank Statement of Payer: IN COUNT

I hereby authorise Counterpoint 522 (PTY) LTD to issue and deliver debit order payment instructions to your banker for collection against my Account and Bank used by my employer to deposit my salaries / wages, which account may differ from the account specified above on condition that the sum of each payment instruction and frequency of payment requests will never exceed the obligations as agreed and defined in the Agreement specified. My bank's participation in the relevant payment stream, the authentication mechanism used by me and the relevant rules applicable to the payment streams will determine per repayment cycle the most suitable payment stream in order to fulfil the obligations as defined in the agreement. My authorization is subject thereto that the same payment instruction may never be presented simultaneously in more than one payment stream during the same repayment cycle or, if unpaid in a payment stream selected be represented in the same cycle in another payment stream. I can only service the obligations defined in here if the payment instructions are executed as close as possible to when I receive my salary or wages which dates vary from month to month, especially during December of each year.

To curb against (1) unpaid bank charges (2) losing the benefits described in the agreement quoted (3) incurring penalties due to non-payment; I explicitly authorise Counterpoint 522 (PTY) LTD to utilise the functionality of Tracking supported on the AUTHENTICATED COLLECTION especially after unsuccessful attempts on the EFT Payment Stream. Tracking supported on the AUTHENTICATED COLLECTION has been explained to me and I acknowledge that my above-mentioned account will be interrogated for a defined period until this period has lapsed or until payment was received. I hereby agree that subsequent payment instructions will continue to be delivered in terms of the authority until all obligations have been paid. This authorisation will remain in force until cancelled by me in writing. I hereby acknowledge that my bank will charge fees to my account as agreed with them once they process this instruction. I foresee that I may change my bank and bank account particulars reflected in here, in which instance I will notify the beneficiaries specified, or any new beneficiary, should the agreement be ceded or assigned to any third party. Should I however forget to notify you, or the assigned third party and if you or the assigned third party obtain my new bank particulars, on own account, this mandate will not lapse. This issued mandate will cover the obtained bank information, and you and the assigned third party may attach such new information, to this signed document as annexure, and the attached annexure must be read together with this mandate, by my new bank

Signature of the Payer X H. Samuels Date 9/3/24 FOR OFFICE USE: Expected Salary Deposit Date \_\_\_\_\_





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Reference Number	77110330
Original Loan Company	ASC SBSA CREDIT CARD 11.4 PWO
Outstanding Balance	R 14 918.19
Instalment Amount	R 828.79

### Payment Plan

Payment Plan	Total Outstanding Balance( CPT)	Installment	First Payment Date	Signature	
18 10	1 491.82	R 14 918.19	R 828.79	28.04.24	Samuels
24	Samuels	R 15 125.19	R 630.22		
30		R 15 998.81	R 533.29		
36		R 16 226.81	R 450.74		
42		R 16 909.18	R 402.60		
48		R 16 915.43	R 352.40		
54		R 17 605.04	R 326.02		
60		R 17 618.04	R 293.63		
66		R 17 631.04	R 267.14		
72		R 17 644.04	R 245.06		

I HILLARY SAMUELS with Id/Passport number 6305210211089  
undertake to repay an amount of R 1500.00 per Month every two weeks/every week, until the full  
amount, plus any interest and cost has been recovered.

Hereby I give permission to additional costs if I default on any payments.

I HILLARY SAMUELS hereby give permission that all information can be confirmed with myself and with my  
employer.

Samuels  
Client Signature

### Tracing Agent Comment

DEBTOR WAS SEEN AT HOME 30 KAMBRO STREET  
LITSIG RAVENSMEAD  
Call between 2-3 on whatsapp R 061 261 0292

Name and Surname of Tracing Agent: Desmond Finch

Signature: [Signature]



Allocation Date: 2024/02/08



## DEBICHECK AUTHORITY TO DEBIT ACCOUNT

Name: HILLARY SAMUALS

ID No. 6305210211089

Ref number: 77110330

The details of my/our account are as follows:

ACCOUNT NAME: HILLARY SAMUALS

BANK: F.N.B

ACCOUNT NO. : 63022732655

BRANCH CODE: 250655

TYPE OF ACCOUNT: SAVINGS (Savings, current, transmission)

DEBIT AMOUNT: R1491.82

COMENCEMENT DATE: 28.04.24

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned 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 the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

I. On the 28 day ("payment day") of each and every month commencing on 28.04.24. In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;

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. 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.

## MANDATE

I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had 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 to 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.

Signed at RAVENSTREAD on this 9 day of MARCH 2024

H. Samuels  
DEBTOR

[Signature]  
WITNESS



Promissory Note  
2024-03-09 11:18:52

Reference No: 77110330

Client No: 77110330

Surname: SAMUELS

Account No: 63022732655

Org/Branch Cd: 0177/8433

Legal Entity: Counterpoint

Trading 522 (Pty) Ltd

Legal Entity Ref: 00071D48B5

Legal Entity Amount: R1491.82

Total Amount: R14918.19

Merchant: IN COUN

• Instalment Frequency: Monthly

Number of Instalments: 10

Payment Stream: DebitCheck

Card Number: \*\*\*\*\*7428

Card Name: Visa Card

TVR: 0080008000

AID: A0000000031010

APL: Visa Card

Pin Statement:

Mode: Card

Authenticated by the debtor

(AAUT)

Signature:

*Samuels*

ALLPS Mobile v3.00p66APN

Amplifin Support: (012) 993 8383