



Order Form 2019

National Institute for the Deaf
Tel: 023 342 5555
Fax: 023 342 8866
Email: proposals@nid.org.za

Date ordered:			
Contact person:			
Organisation:			
Telephone:		Fax:	
Cell:			
E-mail address:			
Delivery address:			
Province:		Area code:	

My order is as follows:

Item	Quantity
STICKERS @ R10 each	

Name and surname of person responsible for this order (please print):

Signature: _____

*I hereby undertake to **pay all outstanding money and return unsold stickers** to the National Institute for the Deaf **by 30 September 2019**.*

Payments can be made at:
BANKING DETAILS:
 ACCOUNT NAME: NID ONTWIKKELING
 BANK: ABSA
 ACC TYPE: CURRENT ACCOUNT
 ACC NUMBER: 911 845 2209
 BRANCH CODE: 632005

Kindly make use of the following reference number for EFT payments: CD...(followed by your name/school/company name)

OFFICE USE

Date order received: _____

Order packed by: _____

Date order dispensed: _____

Method of dispensing: _____

Tracking number: _____