



Fax Cover Sheet

Date :
Pages : 1
Attention :
Company : Kitchen Specialists Association
Fax Number :
From :

KITCHEN SPECIALISTS ASSOCIATION
ACCOUNT - DEPOSIT FORM

This fax serves to confirm that I would like to make use of the Kitchen Specialists Association's Holding Account and that I have deposited an amount of R_____ into the Association's account.

Attached please find a copy of deposit slip. I understand that interest accrued from the above monies, will be for the account of the Kitchen Specialists Association to go towards offsetting administration costs.

The abovementioned amount will be released to _____ (KSA member) as soon as the job has been completed and I have signed the Release Form **and/or** The KSA member's Completion Certificate. The monies held by the KSA will be held by it as a stakeholder on behalf of the KSA member and the member's customer. At no stage will the funds be returned to me without the member's written consent but will remain in the KSA's account until the completion of all work.

"In the event of a site inspection, should I not be in agreement with the Mediator's Report, the KSA will continue to hold the funds for 90 days from the date of the report to allow me to seek legal advice. Should no summons or legal action be instituted, then the KSA will release the funds to the KSA member after 90 days. Should I decide to institute proceedings, the KSA will continue to hold the funds pending the outcome"

At no time will the monies deposited to the KSA form part of the KSA's funds.

Client Name (Please Print): _____

Contact Number: _____

Client Signature: _____

Witness: _____



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KSA ACCOUNT - RELEASE FORM

This serves as authorization for the Kitchen Specialists Association to release monies to _____ (KSA Member)
which have been held on behalf of Dr /Mr. /Mrs. /Miss _____
in the amount of R_____

NAME OF CLIENT
(Please Print)

SIGNED - CLIENT

WITNESS

DATE