



Date :
Pages :
Attention :
Company : Kitchen Specialists Association
Fax Number : (JHB) 086 561 5655, (KZN) 086 552 1819, (CT) 086 551 6978
From :

**Kitchen Specialists Association Holding 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 above mentioned 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.

**BANKING DETAILS:
 KITCHEN SPECIALISTS ASSOCIATION**

Nedbank Hyde Park
 Branch Code: 197-205
 Account Number: 1972 094 262

Please note any special terms of payment release noted by both parties: _____

Client Name (Please Print): _____ Contact Number: _____

Client Signature: _____ Witness: _____

Member's Signature if special release terms have been agreed to: _____



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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_____

Monies should be released into the following account:

Bank: _____

Acc holder: _____

Acc no: _____

Branch code: _____

NAME OF CLIENT
(Please Print)

SIGNED - CLIENT

WITNESS

DATE