

PERSONAL DETAILS OF CLIENT

Title and Full Names

ID/Reg. No.

Postal Address

Postal Code

Telephone Code Number Cell No.

Fax Code Number E-mail

User Ref. for this client

BANK DETAILS OF CLIENT AND COLLECTION INSTRUCTION

Name of Account Holder

Account Type Current Savings Transmission

Account No. Branch Code

Bank Name Branch

COLLECTION INSTRUCTION (Tick the appropriate blocks)

A) Category: Once-off (If once-off, complete only date of 1st deduction below) Monthly Weekly Other To be advised later

B) First two deductions:

Date of 1st deduction

D	D	M	M	Y	Y	Y	Y
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 Amount to be deducted R .

Date of 2nd deduction

D	D	M	M	Y	Y	Y	Y
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 Amount to be deducted R .

C) Ongoing deductions (More than the two deductions above)

C.1) Monthly:

How many successive months **after** the 2nd deduction above: or continue until cancelled

Deduction day in the month: or last day of the month

Recurring amount to be deducted per month after the 2nd deduction above: R .

If applicable, last deduction date:

D	D	M	M	Y	Y	Y	Y
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and amount if **different** from the recurring amount above: R . Annual escalation thereof %

C.2) Weekly:

How many successive weeks **after** the 2nd deduction above: or continue until cancelled

Circle deduction day in the week: Mon/Tue/Wed/Thur/Fri

Recurring amount to be deducted per week after the 2nd deduction above: R .

If applicable, last deduction date:

D	D	M	M	Y	Y	Y	Y
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and amount if **different** from the recurring amount above: R . Annual escalation thereof %

D) ANY OTHER COLLECTION INSTRUCTION NOT PROVIDED FOR ABOVE:

Is authorisation limited to a maximum amount per month that may be deducted? Yes No

If limited, state amount of limit R .

I/We, the client or the duly authorised representative thereof ("the CLIENT"), hereby authorise the entity mentioned below ("the USER"), STRATCOL (PTY) LTD and/or its agents, to collect by means of electronic debit from the above account or from any other account in the name of the CLIENT at the same or any other bank, all or any monies due by the CLIENT to the USER, as principal debtor or surety or for any other reason, and to pay same to the USER. The authority so given is restricted to the amount mentioned above as the "limit per month" and may be deducted on the mentioned deduction day or within 7 working days thereafter.

I accept the following to be applicable hereto:

1. This authorisation may only be withdrawn with 30 (thirty) days written notice to the USER at its physical address;
2. I and/or the CLIENT, individually and collectively, indemnify and hold harmless the USER, STRATCOL (PTY) LTD and/or its agents against any claim of any nature arising from the electronic debit or transfer or from any other cause following this authorisation and irrespective whether such authorisation had been withdrawn or not;
3. In the event of the relevant account not having sufficient cleared funds to meet any debit, I am aware that a fee will be debited against the CLIENT's account by the bank and the USER relating to the return of the debit and I accept the responsibility to ensure sufficient cleared and available funds to the minimum of the limit above (or as amended from time to time);
4. Any reference to the entities above includes a reference to any successor in title or in appointment;
5. This authorisation is not an amendment to any specific arrangement regarding payment of accounts and serves merely as an arrangement as to the method of payment, in part or in full, and any account with the USER needs only to be credited once actual payment is received by the USER; and
6. Should any dispute arise about the USER's right to collect any amount in terms hereof, the CLIENT shall have the onus to instruct his bank to refuse or return any debit as unpaid.

SIGNATURES OF CLIENT

Sign according to signature instructions with bank

Place ¹ _____ Date / / 20

DETAILS OF USER OF DEBIT ORDER SYSTEM ON WHOSE BEHALF PAYMENT IS BEING COLLECTED

Name Code