

APPLICATION FORM

CLIENT DETAILS

| | | | | | | | | | | | | | |
|----------------------|--|--|--|--|--|----------|--|-----|--|-------|--|-------|--|
| Company Name | | | | | | Reg no: | | | | | | | |
| Full Name: | | | | | | Surname: | | | | | | | |
| ID no: | | | | | | Mr | | Mrs | | Dr | | Other | |
| Email address: | | | | | | Vat no: | | | | | | | |
| Contact details: (H) | | | | | | (W) | | | | | | | |
| (F) | | | | | | (C) | | | | | | | |
| Postal address: | | | | | | | | | | | | | |
| | | | | | | | | | | Code: | | | |
| Physical address: | | | | | | | | | | | | | |
| | | | | | | | | | | Code: | | | |

BANKING DETAILS

| | | | | | | | | | | | |
|-----------------|---------------|--|---------|--|--------|-------------|---------|--|--------|--|--|
| Account holder: | | | | | | Account no: | | | | | |
| Bank: | Standard Bank | | ABSA | | FNB | | Nedbank | | Other: | | |
| Type: | Transmission | | Savings | | Cheque | | Other: | | | | |
| Debit date: | 7 | | 15 | | 25 | | 30 | | | | |

CONSENT

I, with above details, authorise Alpha Laboria (Pty) Ltd to debit my account with an amount of R _____ per month. I agree that variations can be made if I am given thirty (30) days notice of the general increase in monthly premiums. I understand that the withdrawal authorised is generated by a computer system. I agree to pay any bank charges relating to the debit order.

PRODUCT

| PRODUCT | Monthly Administration Fee: | Cost per Employee |
|---------|-----------------------------|---------------------|
| LABORIA | R500-00 | R50-00 PER EMPLOYEE |

| | | | |
|-------------------------------------|---------|--------------|---|
| Laboria Monthly Administrative Fee: | R500-00 | Employees: - | R |
| Sub Total: | R | | |
| TOTAL: | R | | |

DECLARATION

- I acknowledge that all relevant information regarding the agreement has been explained to me by the representative.
- I acknowledge that i am aware of the terms and conditions applicable to the products.

Client Signature: _____

Date: _____



Alpha Laboria (Pty) Ltd
Reg No: 2016/158523/07
VAT: 4510283155

(T) 012 546 3658
PO Box 54292
Ninapark
0156

258 West Street
Pretoria North
0182

Authority and Mandate for payments Instruction: Electronic and Written Mandates

Given by (name of Accountholder) _____
Address _____
Bank _____
Branch and Code _____
Account Number _____
Type of Account _____
Amount _____
Date _____
Contact Name _____
Contact Number _____
Abbreviated Name as Registered with the Bank: **ALPHA LABO**
Credit Card / Current (cheque) / Savings / Transmission _____

This signed Authority and Mandate refers to our contract dated ("the Agreement").

I/We hereby authorize you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned 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 _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorized to be issued must be issued and delivered as follows: monthly, bi-monthly, three monthly, six monthly, annually, weekly, bi-weekly (**delete that which is not applicable**).

In the event that the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the preceding ordinary business day.

Payment Instructions due in December may be debited against my account on _____

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.

Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have 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 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 _____ on this _____ day of _____

(Signature as used for operating on the account)

(Assisted by)

Agreement reference number is _____