

Please fax or email completed debit order for attention: Nomahlubi Amisi Fax: (021) 659 2690 Phone: (021) 659 2494 Email: creditcontrol@juta.co.za

CANUTHORITY - CUSTOMER DETAILS         Account Number       ID/Reg no.         Name											
Name	(A)AUTHORITY - CU	STOMER DETAILS									
Address       Code         Invoice No.       Code         DETAILS OF MY/OUR BANK ACCOUNT ARE AS FOLLOWS:       Bank         Branch Name       Transmission       Savings         Branch Name       Type Cheque       Transmission       Savings         Branch Number       Type Cheque       Transmission       Savings       Account Number         Account Number       JUTACOMP       Savings       Savings       Account Number         This signed Authority and Mandate refer to our contract datad       ('the Agreement')       Intervent Number       Intervent Number       Savings       Account Number         This signed Authority and Mandate refer to our contract datad       ('the Agreement')       Intervent Number       Interven	Account Number			ID/R	.eg no.						
Invoice No.       Code         DETAILS OF MY/OUR BANK ACCOUNT ARE AS FOLLOWS:         Bank         Branch Number         Branch Number         Abbreviated Num         JUTACOMP         JUTACOMP         The signed Authority and Mandate refer to our contract dated         (Registered at basic particular to which We may transfer my/our above-mentioned account at my/our above-mentioned Bank (or any other Bank or for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other Bank or for any other Bank or for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other Bank or for any the for any other Bank or for any other Bank or for any other	Name										
DETAILS OF MY/OUR BANK ACCOUNT ARE AS FOLLOWS:         Bank         Branch Name         Branch Number         Account Number         Abbreviated Name         (Registered at Name)         Detroited at Name         Detroited at Name         (Registered at Name)         Directivated Name         (Registered at Name)         Directivated Name         (Registered at Name)         Directivated Name         Interesty authority and Mandate refer to our contract dated         UTACOMP         This signed Authority and Mandate refer to our contract dated         Interesty authority and Mandate is terminated by your Banker for collection against my/our above-mentioned account at my/our above-mentioned fams (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions is a authorized to be issued matic effortion 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 is a sundary, or recognized South African public holday, the payment day Will automatically be the very next or other wort find the payment instructions is a sundary, or recognized South African public holday, the payment day Will automatically be the oset hithrawal whith be prived the shuthdrawal whith be prived any Bank statement. Such mats contine an umber, which may use is incided to a support to ascount # whithrawal whith be prived to account any working at the sap	Address										
DETAILS OF MY/OUR BANK ACCOUNT ARE AS FOLLOWS:         Bank         Branch Name         Branch Number         Account Number         Abbreviated Name         (Registered at Name)         Detroited at Name         Detroited at Name         (Registered at Name)         Diversited Name         (Registered at Name)         Diversited Name         (Registered at Name)         Diversited Name         Interesty authority and Mandate refer to our contract dated         UTACCOMP         Anthority and Mandate refer to our contract dated Apreement and is deducted on the new on such payment instructions to your Banker for collection against myour above-mentioned account at mylour above-mentioned Bank (or any other Bank or branch to whilth I We may transfer mylour account) on condition that the sum of such payment instructions so authorized to be issued mate to issued by result Signing you notice in writing of nol tess than 20 ordinary working days. The individual payment instructions is a sundary, or recognized South African public holiday, the payment day will automatically be the very next order by hubitess Given Windrawal hit be prived that be prived in the sum of such apprent instructions issued by you shall be processed through a computerzed system provided to this form in Section E before the issuing of any apprent instructions issued by you shall be treated by mylour above-mentioned Bank as if the instructions have ben											
Bank	Invoice No.						Co	de			
Branch Name       Type       Cheque       Transmission       Savings         Branch Number       Type       Cheque       Transmission       Savings         Account Number       Abbreviated Name (Registered at bank)       JUTACOMP         This signed Authority and Mandate refer to our contract dated	DETAILS OF MY/OU	R BANK ACCOUNT ARE AS	FOLLOWS	:			· · · ·				
Branch Number       Type       Cheque       Transmission       Savings         Account Number       Abbreviated Name (Registered at bank)       JUTACOMP         This signed Authority and Mandate refer to our contract dated	Bank										
Account Number Abbreviated Name (Registered at JUTACOMP This signed Authority and Mandate refer to our contract dated	Branch Name										
Abbreviated Name (Registered at bank)       JUTACOMP         This signed Authority and Mandate refer to our contract dated above-mentioned Bank (or any other Bank or boranch to which live may transfer my/our acound) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and is deduced on the 1 <sup>o</sup> of each month. 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. The individual payment instructions so authorized to be issued must be issued and delivered as follows: monthly, over a period of <b>6 monts</b> or 12 monts in In the event that the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the very next ordinary business day.         /// We understand that the with/drawals hereby authorized will be pricessed through a computerized system provided by the South African Banks. I also understand that details of each with/drawal will be pricessed through a computerized system provided by the South African Banks. I will 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.         (C) Cancellation       (C) Cancellation         I/We acknowledge that all hayment instructions issued by you shall be treated by my/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any payment instructions issued by we wilk 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 this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that party, but in the absence of such assignment of the Agreement this	Branch Number			Туре	Cheque		Transmission		Savings		
(Register d at bank)       JUTACOMP         This signed Authority and Mandale refer to our contract dated	Account Number										
I herebý authorize ýou to issue and deliver payment instructions to your Banker for collection against myöur above-mentioned account at myour above-mentioned Bank (or any other Bank or branch to which I/we may transfer myöur account) on condition that the sum of such payment instructions will never exceed myour obligations as agreed to in the Agreement and is deducted on the 1 <sup>st</sup> of each month. 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. The individual payment instructions so authorized to be issued must be issued and delivered as follows: monthly, over a period of <b>6 months</b> or <b>12 months</b> in the event that the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. If we understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by merus personally. (C) Cancellation IWe agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. IWe 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. (D) Assignment IWe agree that although this Authority may be ceded or assigned to a third party. He Customer on this authorization. (F) A Juta subscription account will be opened for new customers subject to standard credit reference checks and approvals. (F) Advatuse the adven	(Registered at	JUTACOMP									
Signature as used for signing cheques Assisted dby///where delggld//yneccessary/) C@apaictycy NOTE: A cancelled cheque should be attached for bank identification purposes. (Cheque Accounts only) (G) Agreement Reference Number This Agreement reference number is Juta and Company. Ltd · Reg. No. 1919/001812/06 · VAT Reg. No. 4520113319 · Website: www.jutalaw.co.za 1st Floor, Sunclare Building, 21 Dreyer Street, Claremont, 7708 · PO Box 24299, Lansdowne 7779 · Docex Number DX 326, Cape Town · Tel: +27 21 659 2300, Fax: +27 21 659	I 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>I</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 is deducted on the 1 <sup>st</sup> of each month. 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. The individual payment instructions so authorized to be issued must be issued and delivered as follows: monthly, over a period of <b>6 months</b> or <b>12 months</b> or <b>12 months</b> I he event that the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. <i>I/We</i> understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any 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. (C) Cancellation <i>I/We</i> agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. <i>I/We</i> 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. (D) Assignment <i>I/We</i> agree that although this Authority may be ceeded or assigned to a third party if the Agreement is also ceded or assigned to that party, but in the absence of such assignment of the Agreement this Authority and Mandate cannot										
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1 st Floor, Sunclare Building, 21 Dreyer Street, Claremont, 7708 · PO Box 24299, Lansdowne 7779 · Docex Number DX 326, Cape Town · Tel: +27 21 659 2300, Fax: +27 21 659	NOTE: A cancelled cheque should be attached for bank identification purposes. (Cheque Accounts only) (G) Agreement Reference Number										
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