

Date: _____

Fax 086 520 8563 and email it to sales@offsitesync.co.za

| Customer Details | |
|-------------------------|--|
| Title | Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> |
| Name and Surname | Business Legal Name |
| Identification number | Business Registration number |
| | VAT registration no. |

| Debit order details | | | |
|--|-----------------------------|----------------------|--|
| I hereby authorise SupportCALL (PTY) Ltd. Registration Number 2013/102719/07 its order, successors in title or assigns ("the supplier") to debit my account at: | | | |
| Name of Bank | | Account number | |
| Account name | | Branch code | |
| Branch name / Town | | Account Type | Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/> |
| Identification Number of Bank Account Holder | | | |
| Mandate Type | | USAGE BASED | |
| This authorisation allows the supplier to use various types of debit orders. A copy of the first page of your bank statement must be returned to the supplier together with this Debit Order Authorisation (please note that Internet print-outs are not accepted). * In addition, if the debit order account holder is a third party:- A copy of the third party's identity document must be attached OR if the third party is a juristic entity, a signed copy of the applicable registration document as well as an original juristic resolution, authorising a designated signatory to enter into a debit order agreement must be attached. | | | |
| Payment Amount | R | | |
| Amount in words | | | |
| Maximum Payment Amount | Double your payment amount. | | |
| Transaction Description on Bank Statement | OFFSITESYNC | | |
| I select the second last day of each month as the day on which the debit order is to be processed. | | | |
| Date of First Payment | | Date of Last Payment | On the date the last repayment amount is due. |

| Terms and Conditions | |
|--|-------------------------------|
| <ul style="list-style-type: none"> This mandate will remain in full force until all amounts owed by the customer to the supplier have been repaid in full and a termination request has been sent to cancellation@offsitesync.co.za and confirmed by supplier. This mandate applies to money owed to the supplier for services rendered to the customer. It does not include any fees. The supplier may from time to time change the interest, fees and charges amounts, time for payment and how often the supplier can charge these. The supplier will give the customer at least 5 (five) business days' notice of the change. The undersigned party/parties agree to the supplier deducting the amounts due from the debit order account until all outstanding amounts for services has been paid in full. For changes to this mandate, the undersigned party/parties understand that the new instruction will not be processed if the current debit order is due to be processed within 3 (three) days of the supplier receiving this request. The undersigned party/parties authorise the financial institution at which the debit order account is held to debit the debit order account with the amounts drawn by the supplier. The undersigned party/parties agree that the payment date may change and may be aligned to the date the debit order account holder receives his/her salary. If the payment date falls on a non-processing day (like Saturday, Sunday or official public holiday), the undersigned party/parties agree that the supplier may process the payment on the preceding business day. If this is a third party debit order and the third party debit order is cancelled, it is the obligation of the customer to implement the required debit order for the full and continuous fulfilment of payments of his/her/their services received. | |
| _____ | _____ |
| Signature of customer account holder | Signature of customer witness |
| _____ | _____ |
| Signature of customer account holder | Date |

| Company, Close Corporation, Trust or Association (if applicable) | | | |
|--|----------|------|-----------|
| If this facility is in the name of a Company, Close Corporation, Trust or Association the full names of such entity and the capacity of the signatory must be reflected. | | | |
| Name of Company, Close Corporation, Trust or Association | | | |
| Full Name/Surname in BLOCK letters | Capacity | Date | Signature |