



Customer Application Form

| Personal Details | | | |
|------------------------------|------------|----------------------------|--|
| Date | DD/MM/YYYY | | |
| Entity Name (If applicable) | | VAT Number (If applicable) | |
| First Name | | Surname | |
| ID/Passport Number | | Email | |
| Contact Number | | Alt. Contact Number | |
| Where did you hear about us? | | | |

| Product Details | | | |
|---------------------|--|------------------|--|
| Product Name 1 | | Product Name 2 | |
| Subscription Amount | | Installation Fee | |
| Activation Fee | | | |

| Address Details | | | |
|---------------------------|--|------------------------------|--|
| Street Number | | Street Name | |
| Suburb | | City | |
| Province | | Postal Code | |
| Area Name (If applicable) | | Intersection (If applicable) | |
| Estate/Complex Name | | Block Name | |

| Bank Details | | | |
|----------------|--|------------------|--|
| Account Holder | | Account Number | |
| Bank Name | | Branch Code | |
| Account Type | Cheque <input type="checkbox"/> Savings <input type="checkbox"/> | Debit Order Date | 1st <input type="checkbox"/> 28th <input type="checkbox"/> |

| | |
|-----------|--|
| Date | |
| Signature | |

Debit Order Mandate

Abbreviated name as registered with the bank: ACCESPOINT

I/We hereby authorise 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 (Twenty) ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

I acknowledge that Access Point may debit my account each month on the above mentioned date. I further acknowledge that a returned debit may result in a further attempt being made on a different day and may further result in Access Point making use of a bank tracking facility to determine when such further debits should be processed. I further acknowledge that a failed payment may result in Access Point processing a double debit order the following month, to which I expressly agree.

The individual payment instructions so authorised to be issued must be issued and delivered monthly.

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

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.

Terms and Conditions

Tick the box to indicate that you have read, and agree, to the terms and conditions located at <https://accesspoint.co.za/terms-and-conditions/>

| | | | | | |
|--------------------------|--|---------|--|--------|--|
| Signed At | | on this | | day of | |
| Account Holder signature | | | | | |