

e4 STRATEGIC (PTY) LTD

Reg.no. 2006/027343/07
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www.e4.co.za

e4 ACCOUNTABLE INSTITUTION AGREEMENT

(comprising PART 1: ACCOUNTABLE INSTITUTION DETAILS and PART 2: e4 ACCOUNTABLE INSTITUTION STANDARD TRADING TERMS)

between

e4 STRATEGIC (PTY) LTD (e4)

and

THE ACCOUNTABLE INSTITUTION (whose name and details appear in PART 1: ACCOUNTABLE INSTITUTION DETAILS below)

TO BE NOTED: e4'S STANDARD TRADING TERMS (in the document with heading 'PART 2: e4 ACCOUNTABLE INSTITUTION STANDARD TRADING TERMS') ARE STIPULATED ON e4'S WEBSITE AT www.e4.co.za. ALL BUSINESS BETWEEN e4 AND THE ACCOUNTABLE INSTITUTION IS EXCLUSIVELY ON THE BASIS THAT THESE STANDARD TRADING TERMS SHALL ALWAYS APPLY. THE ACCOUNTABLE INSTITUTION AGREES TO BE BOUND BY THE THEN-CURRENT VERSION OF THESE STANDARD TRADING TERMS STIPULATED ON e4'S WEBSITE. IF THE ACCOUNTABLE INSTITUTION DOES NOT AGREE TO THESE TERMS ITS ONLY REMEDY IS TO DISCONTINUE MAKING USE OF e4'S SERVICES.

PART 1: ACCOUNTABLE INSTITUTION DETAILS (please print in block letters)

1.	legal person type: (tick box)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Close Corporation	<input type="checkbox"/> Private Company	<input type="checkbox"/> Public Company
		<input type="checkbox"/> Foreign Company	<input type="checkbox"/> Trust	<input type="checkbox"/> Other legal entity	
2.	entity name:	.....		
3.	registered business name (if applicable); <small>[in terms of s80 of the Consumer Protection Act, No. 28 of 2008]</small>	.....		
4.	registration number:	.....		
5.	where registered: (foreign companies / trusts - insert at which Masters office trust is registered)	.....		
6.	VAT registration number:	.....		
7.	registered address: (as provided to CIPRO in respect of a company or close corporation)	.....		
8.	address from which business operates:	.....		
9.	head office address: <small>[domicilium citandi et executandi (referred to in clause 24.1 of PART 2: e4 ACCOUNTABLE INSTITUTION STANDARD TRADING TERMS)]</small>	.....		
10.	address (postal):	.....		
		..... postal code			
11.	telephone number: (switchboard)	.....		
12.	website:	.....		
13.	authorised representative: (name of person authorised to sign this agreement on behalf of the Accountable Institution)	name ID no.			
14.	representative position	.....		
15.	representative work telephone & cellphone number:	tel cell			
16.	representative fax number:	.....		
17.	representative email address:	.....		

ACCOUNTABLE INSTITUTION DECLARATION

I, THE AUTHORISED REPRESENTATIVE, WARRANT AND DECLARE , ON BEHALF OF THE ACCOUNTABLE INSTITUTION, THAT:

1. THE INFORMATION GIVEN IN THIS DOCUMENT IS TRUE AND CORRECT;
2. THE ACCOUNTABLE INSTITUTION IS CONTRACTING WITH e4 STRATEGIC (PTY) LTD;
3. THE ACCOUNTABLE INSTITUTION HAS READ, UNDERSTANDS, ACCEPTS AND CONSIDERS ITSELF CONTRACTUALLY BOUND BY THE STANDARD TRADING TERMS STIPULATED ON e4'S WEBSITE AT www.e4.co.za.
4. REFERENCE TO e4 IN THE DOCUMENT WITH HEADING 'PART 2: e4 ACCOUNTABLE INSTITUTION STANDARD TRADING TERMS' REFERS TO e4 STRATEGIC (PTY) LTD;
5. I AM DULY AUTHORISED TO SIGN THIS AGREEMENT ON BEHALF OF THE ACCOUNTABLE INSTITUTION;
6. THE CONSULTANT IS OBTAINING CLIENT ELECTRONIC DOCUMENTS FOR THE ACCOUNTABLE INSTITUTION TO ENABLE IT TO LATER ESTABLISH AND VERIFY A STORDOC-CLIENT'S IDENTITY PURSUANT TO THE FINANCIAL INTELLIGENCE CENTRE ACT, 2001 ('FICA');
7. e4 IS NOT REQUIRED TO SIGN THIS DOCUMENT FOR IT TO BE BINDING ON THE ACCOUNTABLE INSTITUTION.

ACCOUNTABLE INSTITUTION SIGNATURE:

..... [signature]
..... [print name]
..... [capacity] **Date**



DEBIT ORDER AUTHORITY			
From:	.....	To:	e4 STRATEGIC (PTY) LTD
Reg. no:	.....	Reg. no:	2006/027343/07
VAT no:	.....	VAT no:	426 024 9422
Address:	..... ..... .....	Address:	55 SIXTH ROAD, HYDE PARK, JOHANNESBURG, 2196

Dear Sirs/Madam The details of my/our bank account are:												
Bank:	.....										
Branch name & town:	.....										
Branch code:												
Account number:												
Account type:		Cheque										
		Savings										
		Transmission										

We hereby request, instruct and authorise you to draw against our account with the above mentioned bank (or any other bank or branch to which we may transfer our account) from time to time with varying amounts, on the 10th day at each month, commencing on date of signature hereof and continuing (as the case may be). All such withdrawals from our bank account by you shall be treated as though I had signed them personally.

We understand that the withdrawals hereby authorised will be processed by computer through a system known as the ACB Magnetic Tape Service, and I also understand that the details of each withdrawal will be printed on my bank statement or on an accompanying voucher.

We agree to pay any bank charges relating to this debit order instruction.

We may cancel this authority by giving you thirty days notice in writing, sent by prepaid registered post. We understand that 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. Receipt of this instruction by you shall be regarded as receipt thereof by our bank (whichever it is or will be).

ASSIGNMENT: We acknowledge that the party hereby authorised to affect the drawing(s) against our account may not cede or assign any of its rights to any third party without our prior written consent, and we may not delegate any of our obligations in terms of this contract authority to any third party without prior written consent of the authorised party.

SIGNED AT _____ ON THE _____ DAY OF _____ 20 _____

SIGNATURE AS USED FOR SIGNING CHEQUES

CAPACITY

