



REGISTRATION FORM

PLEASE COMPLETE AND FAX BACK TO 0866023741

OR EMAIL TO office@cpdtv.co.za

TITLE INITIALS

FIRST NAME

SURNAME

DAY-TIME PHYSICAL ADDRESS

POSTAL CODE

TEL (WORK)

MOBILE

EMAIL ADDRESS

PA / SECRETARY NAME

TEL (WORK)

EMAIL ADDRESS

ASSOCIATION (I.E. SAICA, SAIPA ETC)

ASSOCIATION MEMBERSHIP NUMBER

COMPANY OR FIRM NAME

Would you like to receive notifications and notes

to the programmes before broadcast

EMAIL YES/NO SMS YES/NO

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned 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 the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above. The individual payment instructions so authorised to be issued must be issued and delivered as follows:

The amount of R2950.00 once off only.

IF YOU REQUIRE A TAX INVOICE IN THE NAME OF YOUR FIRM

OR COMPANY PLEASE PROVIDE THE FOLLOWING INFORMATION

VAT NO (IF APPLICABLE)

POSTAL ADDRESS (IF DIFFERENT FROM PERSONAL ADDRESS)

POSTAL CODE

SUBSCRIPTION SERVICE

R 3275.00

LESS ASSOCIATION DISCOUNT of R 325

**DVD R2950
DOWNLOAD R2750**

SIGNED AT ON20....

SIGNATURE

PAYMENT OPTIONS : (Debit order option available on request)

ELECTRONIC TRANSFER : CPDtv (Pty) Ltd

FIRST NATIONAL BANK CENTURION : BRANCH CODE 261550

ACCOUNT NUMBER: 62379334924

CREDIT CARD AUTHORISATION:

NAME OF CARD HOLDER

CARD NUMBER

EXPIRY DATE MONTH / YEAR

TYPE : MASTER VISA

FOR CREDIT CARD AUTHORISATIONS PLEASE MAKE SURE THAT YOU SIGN ON

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on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;

I / We understand that the withdrawals hereby authorised 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. 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.

MANDATE

I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had 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 to 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 _____ 20__

SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS