

Please affix CLIENT ID barcode label here

Appendix B: DEBIT ORDER AUTHORISATION FOR ANNUAL STORAGE PAYMENT

- Clients will be notified of the annual escalation of the Storage Fee consistent with the Consumer Price Index.

Promissory note acknowledgment of debt and authority to process payment instructions against my account.

Personal/legal entity information

Individual/legal entity name

Entity type if legal entity

ID/Legal entity registration no.*

Address

City Code

Telephone + 2 7 Cell + 2 7

E-mail address

Name of authorised representative (if applicable)**

ID no. of authorised representative

Bank account information#

Account holder name

Bank name

Account type Cheque Savings Transmission Branch code

Account no

Beneficiary

To CryoSave SA (Pty) Ltd

Registered abbreviated name* **Cryo-Save**

Beneficiary's address Acacia House, Green Hill Village Office Park, Cnr Botterklapper & Nentabos, The Willows, Pretoria

- Local Cord and Blood
- International Cord and Blood
- Dual Cord and Blood

Storage Fee

Annual Payments	Number of payments	20
	Current instalment amount	R
Annual fee on current rate will be subject to annual CPI cost escalations.		

Client Initials

This signed Authority and Mandate refers to our contract dated

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 "the Agreement".

I/We hereby authorise CryoSave SA (Pty) Ltd 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 the date of first debit order as mentioned above 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, and sent by prepaid registered post or delivered to your address as indicated above. The individual payment instructions so authorised to be issued must be issued and delivered indicated above.

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

Representation on failure

I/we authorise the use of a tracking facility in the event that there are insufficient funds in the nominated account to meet with the obligation of this agreement. An unpaid debit order necessitates representation at my/our bank for payment which will be no more than 7 day(s) after the initial failed transaction and a maximum of 3 day(s) tracking will be applicable. Should this payment fail, I/we will make an arrangement for payment.

I/We understand that the withdrawals hereby authorised will be processed through a computerised 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 if provided to me should enable me to identify the Agreement. This number appears in Section E of this agreement.

B. 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. I have received the authority by my other Directors and Shareholders to sign this agreement on behalf of the company.

C. 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.

D. 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.

E. Reference Number*: CryoSave

Footnotes:

- * Where this mandate apply to a Legal Entity with more than one director/member please ensure that all parties involved sign or alternatively attach a Company Resolution to this mandate that reflects the granted authorisation of the signatory.
- ** The Duly Authorised Representative is the person that has been assigned by the Company in a Company Resolution, see footnote *, to sign on behalf of and enter into agreements with the beneficiary.
- # Banking details may be changed at a later stage if so required. A proof of bank account will be required to action the request.
- + This reference is a short name assigned to CryoSave and registered with the bank that will appear on your bank statement.

Signed at _____ PLACE _____

Date

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Account holder name _____ Surname _____

Account holder signature: _____

Representative name _____ Surname _____

Representative signature: _____

Client initials

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