

Authorisation: Client Payment Plan Option

1. Storage Options

Please choose the relevant option

- Local Storage
(UCB & UCT)
- International Storage
(UCB & UCT)
- Dual Storage
(UCB & UCT)

2. Payment Plan Option

Payment Plan (A Deposit is payable upon registration)

- I hereby accept the attached quote.

- Debit Order Payments - Please complete Appendix B, pages 3 & 4

Banking Details

Account Name : CryoSave South Africa (Pty) Ltd
Bank : FNB Menlyn Square
Account No : 62320699921
Branch Code : 252 445
Reference : Use Client 1/mothers full name as reference

Date

Initial Client 1

Initial Client 2

Appendix B: Debit Order Authorisation for payment plan

- A monthly collection fee R69 will be charged on all debit orders. This amount is to be added to the premium and total over the term selected above.
- A once-off administration fee of R660 will be charged for all payment plan options.
- 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													Cell								
E-mail address																					
Name of authorised representative (if applicable)**																					
ID no. of authorised representative																					

Bank account information#

Account holder name																
Bank name																
Account type	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Savings	<input type="checkbox"/>	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

Collection kit and deposit Fee (as per the accepted quote)

Payable upon registration	Number of payments	1
	Amount	

Processing Fee

Monthly Payments	Number of payments	3		6		12		24	
	Installment amount								
	Total amount								

Storage Fee

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

Initial Client 1

Initial Client 2



Please affix CLIENT ID barcode label here

This signed Authority and Mandate refers to our contract dated "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 abovementioned 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 obligation 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 abovementioned 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 applies 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 authorization 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 Date

Account holder name and surname:

Account holder signature:

Representative holder name and surname:

Representative signature: