

AGREEMENT TO PROVIDE SERVICES

A. Authority

Full name of account holder	_____
Address	_____
Email address	_____
Name of Bank	_____
Branch and Code	_____
Account Number	_____
Type of Account (delete that which is not applicable)	Current (cheque) / Savings / Transmission
Monthly amount (delete if not applicable)	As per invoice issued to email address
Annual amount (delete if not applicable)	As per invoice issued to email address
Once-off Amount (delete if not applicable)	_____
Starting Date	_____
To (Name of beneficiary)	Cozan Consulting cc
Abbreviated Name as Registered with the Bank	COZANCONSU
Beneficiary's Address	PO Box 15055, Panorama, 7506

This signed Authority and Mandate refers to my account / domain name
("the Agreement").

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/email of not less than 5 ordinary working days before the end of a month.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: **Monthly / Yearly / Once-off**

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.

Payment instructions due may be debited against my account on the 1st of each month.

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 must be added to this form in Section E before the issuing of any payment instruction.

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.

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.

Signed at _____ on this _____ day of _____.

(Signature as used for operating on the account)

(Assisted By)

E. Agreement Reference Number

This Agreement reference number is: _____