

WORKLAW: SUBSCRIPTION FORM

Fax to WORKLAW at 031-562 8664

WORKLAW's contact details:-

Email: help@worklaw.co.za
 Telephone: 031-572 3259
 Fax: 031-562 8664
 Postal address: P.O. Box 201452, DURBAN NORTH, 4016

SUBSCRIBER DETAILS

Name of organization:VAT number.....

Contact person: Name

Position

Physical address:

Code:

Postal address:

Code:

Telephone Number: CodeNumber

Cellphone No.: Fax No.....

Email:

Note:

1. **The cost of subscribing to Worklaw is based on the number of users within an organisation who will use Worklaw's services.**
2. **Only named subscribers to whom access codes have been allocated may use Worklaw's services. Access to Worklaw is strictly not transferable either within an organisation or elsewhere.**
3. **Subscribers may pay annually in advance or monthly.**

Indicate Subscription Fee Payable Based on Your Number of Subscribers and Whether Paying Annually/Monthly

No. of subscribers	Annual subscription fee (vat excl.) :	Tick applicable box	Monthly subscription fee (vat excl.)	Tick applicable box
1	R5 846,50		R 487,21	
2	R9 939,00		R 828,25	
3	R13 447,00		R1 120,58	
4	R16 663,00		R1 388,58	
5	R19 879,00		R1 656,58	

Additional subscribers (specify number)

NOTE: If more than 5 subscribers required, insert the number of subscribers in the space provided above. We will then contact you to advise you of the fee payable.

ANNUAL SUBSCRIBERS ONLY TO COMPLETE AND SIGN BELOW TO ACCEPT THE FOLLOWING CONDITIONS:

1. The completion of this form constitutes an order for a 12 month subscription to WORKLAW.
2. This order may not be cancelled or varied during the 12 month subscription period. No refunds will be provided.
3. Subscribers will be contacted annually, prior to their renewal date, about continued subscription to WORKLAW. Unless subscribers cancel their subscriptions to WORKLAW prior to their renewal date, they shall be deemed to have renewed their subscriptions for a further 12 month period.
4. Once we receive this completed form, we will advise you of our bank details for payment.

NAME: _____ DESIGNATION: _____

SIGNATURE: _____ DATE: _____

MONTHLY SUBSCRIBERS ONLY TO COMPLETE AND SIGN BELOW TO ACCEPT THE FOLLOWING CONDITIONS:

1. The completion of this form constitutes an order for a subscription to Worklaw for a minimum period of six months. It may not be varied or cancelled during this period and no refunds will be provided. Thereafter it may be cancelled subject to one calendar month's notice to Worklaw.
2. Monthly subscriptions are paid through Worklaw's debit order system. The subscriber hereby authorizes Worklaw and/or its agent Three Peaks / Debitsure (or any other agent instructed by Worklaw) to draw against the subscriber's bank account the monthly payment due in terms of this subscription. All such withdrawals shall be treated as though they have been signed by the subscriber personally.
3. Worklaw may increase the monthly subscription payable by the subscriber and processed in terms of clause 2, provided that Worklaw shall give the subscriber 1 calendar months' notice thereof.
4. The subscriber agrees to pay any penalty bank charges levied as a result of this debit order instruction not being successful due to funds not being available from the subscriber's bank account.
5. A notice given in terms of this Agreement may be sent by e-mail, fax or prepaid registered post to the contact details reflected on this form. A fax shall be deemed to be received on the date sent, and a registered letter on the 5th working day after posting. A fax transmission report indicating a successful transmission of a fax shall constitute proof of service. A party may at any stage change its contact details by written notification to the other party in accordance with this clause.

Details of the subscriber's bank account are as follows (please print clearly):

Name of account holder: _____

Bank: _____

Branch Number: _____

Account Number: _____

Indicate type of account (please tick) Current (cheque) Savings Transmission

Choose the date in the month when the debit order will be effected (please tick):

1st of the month 14th of the month

NB: A cancelled cheque must be attached for bank identification purposes.

NAME _____

DESIGNATION _____

SIGNATURE _____

DATE _____