



Company name: VSS Administration Services  
Physical Address: Unit 13 - 16 The Stables Office Park, 3 Ateljee str, Randpark Ridge  
Postal Address: PO Box 53, Fonteinbleau, 2103

Telephone Number: 011 795 3773  
Fax Number: 086 624 5144

### Subscriber Details

Broker ☐

Fitment Centre ☐

Inspection Centre ☐

Insurer ☐

Company Registered Name:

Trading as:

Company Registration No:

VAT Registration No:

Type of Business: Public Company: ☐ (Pty) Ltd: ☐ CC: ☐ Professional Partnership / INC: ☐ Other: ☐ Trading for:

Nature of Business:  Holding:

### Contact Details (person responsible for payment of this account)

Name:  Surname:

Tel No: (  )  Fax No: (  )  Mobile No:

Email: (user)  Email: (accounts department)

### Current Address Details

Premises: Own: ☐ Lease: ☐ Landlord's Name & Surname:

Landlord's Tel No: (  )

Physical Address:  Postal Address: Same as physical address: Yes: ☐ No: ☐

Postal Address:

Web Address:

Area Code:  Period at current address:  Postal Code:  Period at current address:

### Details of Directors / Proprietors / Partners

1) Name:  Surname:

Designation:  Identity No:  Tel No: (  )

Physical Address:  Area Code:  Period at current address:

2) Name:  Surname:

Designation:  Identity No:  Tel No: (  )

Physical Address:  Area Code:  Period at current address:

### Payment Details

Payment Method: Debit Order: ☐

Account Holders Name:

Account No:  Bank Name:

Branch Name:  Branch Code:

I/We hereby instruct and authorise you to draw against my/our account with the above mentioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum \_\_\_\_\_ (and amount in words), "the amount necessary for payment of the monthly installment/premium due in respect of the above mentioned agreement" on the \_\_\_\_\_ day of each and every month commencing on \_\_\_\_\_ and continuing until termination of our agreement or until cancelled by us in writing to VSS. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South Africa Bank and I also understand that details of each withdrawal will be printed on my bank statement.

I/We agree to pay any bank charges relating to this debit order instruction. This authority may be cancelled by me/us by giving you thirty days notice in writing, sent by registered post, but I/we understand that I/we shall not be entitled to any refund of amounts you have withdrawn while this authority was in force, if such amounts were legally owing to you.

I/We acknowledge that the party hereby authorised to effect the drawing(s) against my/our account not cede or assign any of its rights to any third party without my/our writing consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any party without prior written consent of the authorized party.

Signed at: \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ with year \_\_\_\_\_

\_\_\_\_\_  
Authorised Cheque Signatory

\_\_\_\_\_  
Capacity