



## MEMBERSHIP FORM

Company Name:		Telephone No:	
Registration No:		VAT No:	
Email Address:		Cell phone No:	
		Fax No:	
Physical Address:		Postal Address:	
Code:		Code:	
Type of Industry :		Contact Person:	

**Please Select Retainer Option below (Tick)**

No of Employees	Sole Trader	2-10	11-30	31-50	51-100	101-150	151-200	201-250	251-300
Retainer fee	R600	R750	R900	R1200	R2200	R3200	R4200	R5200	R6200

A **once-off non-refundable administration fee of R 500.00** is payable in addition to the first month's retainer fee.

Debit Order and Banking Details								
Please Select Debit Order Date:	<input type="checkbox"/>	1 <sup>st</sup> of each month	<input type="checkbox"/>	7 <sup>th</sup> of each month	<input type="checkbox"/>	15 <sup>th</sup> of each month	<input type="checkbox"/>	20 <sup>th</sup> of each month
Bank Name:				Account Name:				
Branch Name/Number:				Account Number:				
<b>Account Type (Tick):</b>	Cheque <input type="checkbox"/>		Transmission <input type="checkbox"/>		Savings <input type="checkbox"/>		Cash Payment <input type="checkbox"/>	

**1. Detailed description of your core business functions:**


**Business / Company Members / Directors and Shareholders)**

Name & Surname	Identity Number	Contact Number

**OFFICE USE ONLY**

Date received:	Membership Number:	Inception date:
Retainer Fee:	Legal Services Agreement Sent:	Date:
Date Captured:	Legal Services Agreement Received:	Date:



## DEBIT ORDER AUTHORISATION

Name (Debtor):

Debit amount :

Commencement Date:

The details of my/our bank account is as follows:

Bank:

Branch:

Branch Number:

Account Name:

Account Number:

Type of account: (savings, current, transmission)

I/we hereby request and authorise Legal Sense to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of \_\_\_\_\_ (state amount in words) or any variable amount, not exceeding my/our obligations as agreed to in this Agreement. This being the amount necessary for the payment due to Legal Sense in respect of this Agreement.

The payment instructions so authorised are to commence on the commencement date and thereafter on the first business day of each and every month. If there are insufficient funds in the nominated account to meet the obligation, Legal Sense are entitled to track my/our account and represent the instruction for payment as soon as sufficient funds are available in my/our account.

All such withdrawals from my/our bank account by Legal Sense shall be treated as though they had been signed by me/us personally.

I/we the undersigned, instruct and authorise your agent, EPIC 3/IOM, to draw against my/our account with the abovementioned bank. I/we understand that the withdrawals authorised here will be processed by INSURE GROUP and I/we also understand that details of each withdrawal will be printed on my/our bank statement.

I/we agree to pay any bank charges relating to this debit order instruction. This authority may be cancelled by means of giving Legal Sense 20 (Twenty) business days' notice in writing via e-mail, but I/we understand that I/we shall not be entitled to any refund of amounts, which Legal Sense has withdrawn whilst this authority was in force if such amounts were legally owing to Legal Sense. Should I/we cancel this debit order instruction whilst there is an amount which is due, owing and payable to Legal Sense, then Legal Sense shall be entitled to debit the outstanding balance prior to the expiry of the 20 (Twenty) business days' notice. I/We agree that although this mandate may be cancelled by me/us, such cancellation will not cancel this Agreement.

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

Signed at \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
(SIGNATURE)