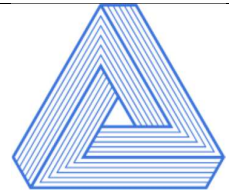


Postnet Suite 286
Private Bag x 04
Menlo Park
0102 Pretoria
Tel 012 485 4023

HERMINIX(PTY)LTD
Reg. No. 2012/191099/07



FORM OF AUTHORITY AND MANDATE IN RESPECT OF ELECTRONIC DEBITS

ABBREVIATED NAME: SCB – HERMINIX

A. Authority

Given by (<i>name of Accountholder</i>)			
Address			
Contact telephone number		ID No	
Email Address			
Bank			
Branch and Code			
Account Number			
Type of Account (<i>delete that which is not applicable</i>)	Current (<u>cheque</u>) / Savings / Transmission		
Amount			
Deduction Day	1st		
To (<i>name of beneficiary</i>)	Herminix (PTY) Ltd		
Abbreviated Name as Registered with the Bank	Herminix		
Beneficiary's Address	Postnet Suite 286, Private Bag x 04, Menlo Park, Pretoria, 0102		

This signed Authority and Mandate refers to our contract dated _____ ("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 of not less than one calendar month, 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 monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;

In the event that the payment day falls on a Saturday, Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. 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 abovementioned 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)

Full names: _____

E. Agreement Reference / Number: This Agreement reference is: Herminix.