

WORKLAW: ORDER ON LINE

PLEASE NOTE: We shall contact you as soon as possible after receiving this on line order form, to arrange payment. As soon as this has been arranged, you will be given a password to access WORKLAW.

SUBSCRIBER DETAILS

Name of Company/
Organisation:

Postal Address:

Physical Address:

Contact Person:

Position:

Telephone:

Fax:

E-Mail:

Cellphone No.:

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	R 8 016		R 668.00	
2	R 13 628		R 1 136.00	
3	R 18 438		R 1 536,00	
4	R 22 847		R 1 904,00	
5	R 27 255		R 2 272,00	
Additional subscribers (specify number)		<input type="text"/>		

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 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: _____ DATE _____

CLICK HERE TO ACCEPT THESE CONDITIONS

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

1. The completion of this form constitutes a valid order to subscribe to Worklaw. This may be cancelled at any stage by 1 calendar month's written notice to Worklaw, provided that this may not be given so as to expire before 6 months after the commencement of this subscription.
2. The subscriber hereby authorizes Worklaw and/or its agent Three Peaks / Debitsure (or any other agent instructed by Worklaw), in terms of its monthly debit order system, 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 1 calendar months' notice thereof.
4. The subscriber agrees to pay any 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. Any notice in terms of this Agreement may be sent by e-mail, fax or prepaid registered post to the contact details 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 :

Name of account holder: _____
Bank: _____
Branch Number: _____
Account Number: _____

Indicate type of account (please tick) Current (cheque) Savings Transmission
The debit order shall be processed at the end of each month in respect of the following month.

NB: A cancelled cheque must be forwarded to Worklaw for bank identification purposes.

NAME DESIGNATION DATE

CLICK HERE TO ACCEPT THESE CONDITIONS

[Send off this Application Form](#)