



APPLICATION, SUBSCRIPTION AGREEMENT, DEBIT ORDER AUTHORISATION & MANDATE FOR THE **MTUNZINI EMERGENCY PARAMEDIC SERVICE**

A. APPLICATION

Name of Main Subscriber		
Residential Address		
E-mail address		
1. Cell Number		
Additional Subscribers:	Names	Cell No.
2.		
3.		
4.		
5.		
6.		
If you are able to sponsor Apps for those in need, please add to the no. below Total no of subs for MRA Members: X R100 = Total no of subs for Non - MRA Members: X R115 =		R

- Each subscriber will be supplied with an IPSS emergency App.
- The fee is payable monthly in advance by debit order on the last working day of each month, commencing 30 September 2018.

B. SUBSCRIPTION AGREEMENT

I, The Main Subscriber named above, hereby subscribe for the Mtunzini Emergency Paramedic Service on the Terms and Conditions Set out below.

Terms and Conditions of Service applicable to the Mtunzini Emergency Paramedic Scheme (MEPS)	
1.	The Mtunzini Residents Association, (“MRA”) on behalf of its members who subscribe to the MEPS, and other non-member subscribers (“the Subscribers”), and in terms of these Terms and Conditions of Service, will contract with IPSS Security Operations cc – (Reg Number: 2001/055941/23) (“IPSS”) to provide an emergency Paramedic Service (“the Service) to Subscribers in and in the immediate vicinity of the Village of Mtunzini (“the Village”);
2.	The MRA’s role in facilitating the provision of this Service on behalf of its members and other subscribers, is as facilitator only, and the MRA will assume no liability for the provision of such Service, or the failure to provide such Service, or the quality or lack of quality of the Service, and the MRA, as its sole and exclusive liability to Subscribers, shall cede and assign to Subscribers, any rights, claims or other actions that it may have against IPSS in any particular instance.
3.	The MRA undertakes that it will however exercise its best endeavours to ensure that the quality of the Service provided by IPSS is of the standard that can reasonably be expected of a professional supplier of services similar to the Services in South Africa.
4.	In the event of an increase in the number of Subscribers to the Service, the MRA undertakes that it will pass on any operational savings occasioned thereby to Subscribers in the form of reduced subscriptions as may be appropriate.
5.	In the event of the termination of the Service for any reason, the MRA will pass on to Subscribers, on a fully ‘pro rata’ basis, any surplus funds accruing to the Service within 60 days of the termination of the Service.
6.	These Terms and Conditions of Service may be amended by the MRA on 60 days’ notice.

Signed at _____ on this ____ day of _____ 2018

Name _____ Signature: _____

MTUNZINI EMERGENCY PARAMEDIC SERVICES (MEPS)

C. DEBIT ORDER AUTHORISATION AND MANDATE

Company Registered Name:	Mtunzini Residents Association	Abbrev. Name with bank:	MTUNZINIRA
Registration Number:	2003/022172/08		
Beneficiary's Address:	c/o Village Square 5 Station Rd Mtunzini		

a). Authority

Name of account holder to debit:						
Bank:						
Branch Code:			Account Number:			
Type of Account:	Current		Savings		Transmission	
Amount to be deducted:			Debit order date:	Commencing 28 September 2018 thereafter on the last working day of each month		

This signed Authority and Mandate refers to and forms part of our Subscription Agreement ("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 1 October 2018 and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 1 calendar month, and sent by email and acknowledged by you. I/We hereby undertake not to cancel this instruction before 30 September 2019.

The individual payment instructions so authorised to be issued must be issued and delivered for payment monthly in advance. If the payment day falls on a Sunday, or recognized 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.

continued.../

MTUNZINI EMERGENCY PARAMEDIC SERVICES (MEPS)

b). Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

I/We agree to pay any penalty bank charges relating to this debit order instruction.

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 Subscription Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this ____ day of _____ 2018

Name _____ Signature: _____
(Account holder on the bank account)

E. Agreement Reference Number (for office use only)

This Agreement reference number for debtor is:

--	--	--	--	--	--	--	--	--	--

Debtor Account Reference