



### Individual User Registration

Fax to: 086 498 5223

or e-mail: [subscriptions@cmainfo.co.za](mailto:subscriptions@cmainfo.co.za)

COMPANY :

BRANCH/SUBURB :

ADDRESS :

#### USER DETAILS

FIRST NAME :

PREFERRED NAME:

LAST NAME :

ID NUMBER:

CELLULAR NUMBER :

EMAIL ADDRESS (USER NAME)

PASSWORD :

AGENT SIGNATURE

#### Agreement

I hereby confirm that I am employed by the above subscribing office and agree to be bound by the terms of the agreement entered into for the service provided by CMA Info cc. I confirm that I have read and accept the terms and conditions of the agreement as well as the disclaimer, all as recorded at <http://www.cmainfo.co.za/>.

In the event that I am not an employee of the subscribing office and or not working out of the premises of the subscribing office, or that I allow a third party, i.e. someone not employed directly in the same subscribing office, to use my subscription in any way, I hereby agree to the terms and conditions as if I were the subscriber and to pay the required prescribed subscription fee as per clause 10 on presentation of invoice.

Signed \_\_\_\_\_ at \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

#### CONSENT

PRINCIPAL SIGNATURE

Allow:

**Telephone Numbers**  
YES

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Signature of Principal

Allow:

**Title Deeds**  
YES

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Signature of Principal

I hereby confirm that the above agent is employed by the above subscribing office and works from the office at the above address all in accordance with clause 5 of the agreement.

Signed \_\_\_\_\_ at \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Duly Authorised - Please print Name of Signatory Name \_\_\_\_\_

PLEASE ATTACH A COPY OF THE ID OR PASSPORT TO THIS FORM