



**Subscription Form**

Fax to: 021 671 0548 or e-mail: [subscriptions@cmainfo.co.za](mailto:subscriptions@cmainfo.co.za)

**SUBSCRIBER DETAILS**

TRADING NAME		TOTAL NUMBER OF AGENTS	
REGISTERED COMPANY NAME OR FULL NAME		COMPANY REGISTRATION NO	
ADDRESS PHYSICAL		VAT NUMBER	
SUBURB	CODE	TELEPHONE	
POSTAL ADDRESS	CODE	FAX	
<b>ADRESSES (ADDITIONAL OFFICES)</b>	<b>SUBURB</b>	<b>TELEPHONE</b>	<b>AGENTS</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL OFFICE SUBSCRIPTIONS  TOTAL AGENT SUBSCRIPTIONS   
(Maximum agents as per price list)

**ADMINISTRATION**

PRINCIPAL'S NAME & SURNAME	ACCOUNTANT'S NAME & SURNAME
EMAIL	EMAIL
CONTACT NUMBER	CONTACT NUMBER

**CONSENT**

ALLOW TITLE DEEDS	INITIAL YES	INITIAL NO
ALLOW TELEPHONE NUMBERS	INITIAL YES	INITIAL NO
ALLOW DEED QUERIES	INITIAL YES	INITIAL NO

**AGREEMENT:** I/we hereby subscribe to the service provided by CMA Info cc and confirm that I/we have read and accept the terms and conditions particularly clause 9 as well as the disclaimer, all as recorded at [www.cmainfo.co.za](http://www.cmainfo.co.za).

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

Duly authorised – Please print name of signatory \_\_\_\_\_

**DEBIT ORDER PAYMENT**

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

**Cancellation :** I/We agree that although this Debit Order Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Subscription/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 I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

**Assignment :** I/We acknowledge that this Authority may be ceded or assigned to a third party if the Subscription/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. See Terms and Conditions at [www.cmainfo.co.za](http://www.cmainfo.co.za)

**DEBIT ORDER DETAILS**

ACCOUNT HOLDER	BANK NAME	BRANCH	ACCOUNT NUMBER
_____	_____	_____	_____

Signed \_\_\_\_\_ at \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ BANK STATEMENT REFERENCE NO **CMAINFOCC**  
(Signature as used for operating on the account)