

Registration Form

Please complete and email this form to windeed.admin@lexisnexis.co.za.

Customer Information							
Legal I	Entity / Individual N	lame					
Regist	ration / ID Number						
VATN	lumber (If Applicab	le)					
Physical Address							
Postal Address							
Switchboard Number							
Natur	e of Business (Tick	Applicable)					
	Accounting			Corporate	Corporate		Financial
	Attorney		Debt C		ecting/Tracing		Municipality
	Bank		Estate Agen				Private Individual
	Other (Please Spe	cify)					
Bankir	ng Details						
Name	on Bank Account				Banking Institution		
Account Number				Branch			
Accou	nt Type				Branch Code		
Please	note that even if p	ayment is not effected I	oy a deb	it order, the bar	nk account that will be used	for pay	ment must be provided for our records.
Payme	ent Options (Tick A	pplicable)					
Please	specify preferred	method of payment by t	icking tl	he relevant box			
1. Debit Order							
I/we the undersigned, hereby authorise LexisNexis Risk Management (Pty) Ltd (the creditor) and Standard Bank, on the creditor's behalf, to debit my/our banking account from time to time with varying amounts, at my/our cost for searches and document copy requests, and to credit the creditor's account at Standard Bank, payment being effected on the fifteenth day of each month . I/we acknowledge that Standard Bank acts merely as the creditor's collecting bank and accordingly all disputes regarding the amount or validity of any debit or any other issue in connection with any transaction shall be a matter between the creditor and me/us, and insofar as it may be necessary to do so, I/we waive any and all claims that I/we may have against Standard Bank. I/we understand and undertake that the creditor will receive all amounts without prejudice to its rights. I/we confirm that this debit order authorisation has been signed in terms of the mandates held by my/our bank.							
2. Prepaid Search Voucher							
Contact Person (For Account Queries)							
This is the person in your organisation who will receive the monthly invoices and handle any billing queries.							
First Name			F	Position			
Surname				7	elephone (W)		
Email			(Cellphone			

I ev	is M	/ınl	Deed I	Isers

Please list the required Lexis WinDeed users at your organisation. If you operate more than one branch and require separate invoices, complete a separate Lexis WinDeed registration form for each branch.

User First Name	User Surname	User Email	User Contact Number
E.G John	Smith	johns@example.co.za	072 444 5678
		Primary User	
		Additional Users	

Terms and Conditions

The legal entity / individual hereby agrees to abide by the Lexis WinDeed terms and conditions as displayed at www.windeed.co.za as amended from time to time. Please note that use of the software implies acceptance of these terms and conditions.

Signed By			
Duly Authorised (Please Print Name)			
Signature			
Date			

You will be contacted by the Lexis WinDeed Admin Team when your registration is complete (within 1 business day). If you have any questions about Lexis WinDeed or need assistance completing this registration form, kindly call our Lexis WinDeed Support Team on 0861 946 333.

