

Registration Form

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

Customer Information

| | |
|--------------------------------|--|
| Legal Entity / Individual Name | |
| Registration / ID Number | |
| VAT Number (If Applicable) | |
| Physical Address | |
| Postal Address | |
| Switchboard Number | |

Nature of Business (Tick Applicable)

| | | | | | |
|--------------------------|------------------------|--------------------------|-------------------------|--------------------------|--------------------|
| <input type="checkbox"/> | Accounting | <input type="checkbox"/> | Corporate | <input type="checkbox"/> | Financial |
| <input type="checkbox"/> | Attorney | <input type="checkbox"/> | Debt Collecting/Tracing | <input type="checkbox"/> | Municipality |
| <input type="checkbox"/> | Bank | <input type="checkbox"/> | Estate Agent | <input type="checkbox"/> | Private Individual |
| <input type="checkbox"/> | Other (Please Specify) | | | | |

Banking Details

| | | | |
|----------------------|--|---------------------|--|
| Name on Bank Account | | Banking Institution | |
| Account Number | | Branch | |
| Account Type | | Branch Code | |

Please note that even if payment is not effected by a debit order, the bank account that will be used for payment must be provided for our records.

Payment Options (Tick Applicable)

Please specify preferred method of payment by ticking the relevant box:

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | 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.

| | |
|--------------------------|---------------------------|
| <input type="checkbox"/> | 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 | | Position | |
| Surname | | Telephone (W) | |
| Email | | Cellphone | |

