

**From:** Kerrie Gregoriou  
**Company:** Autocosmos.biz (Pty) Ltd  
**Address:** 212 Soutter Street  
Pretoria West  
Pretoria  
Gauteng  
0183  
Republic of South Africa  
**Postal Address:** P.O. Box 8065  
Pretoria  
0001  
Republic of South Africa  
**Telephone:** +27 (0)12 327 6210  
**Fax:** +27 (0)12 327 6211  
**E-mail:** kg@autocosmos.co.za  
**Website:** www.autocosmos.co.za

**Attention:** \_\_\_\_\_ **To (Company Name):** \_\_\_\_\_

**Tel:** (       ) **Fax:** (       )

**RE: Autocosmos.biz - Electrolog Application Form...**

**Computer's minimum requirements (ONLY if using DVD version):**

**Necessary Information required of the computer that will run the Electrolog:**

1. Operating System (XP SP2, Vista, Seven or Linux): \_\_\_\_\_
2. Ram (Random Access Memory – 512MB, 1G, etc): \_\_\_\_\_
3. CPU (Central Processing Unit – Pentium IV 2.2Ghz, etc): \_\_\_\_\_
4. Size of hard-drive and free space (100G, 500G free): \_\_\_\_\_

**CPU:** Intel Pentium V / Celeron / i3 1.8Gig and upwards  
**Hard Drive:** 12-Gig Free Hard Drive space  
**RAM:** 512MB  
**OS:** Windows XP, Vista, Seven, Eight / Linux / Mac with Java 1.6 onwards  
**Drive:** DVD drive  
**Other1:** Keyboard, Monitor (min 1024x768) and mouse.  
**Other2:** Active Network Card.  
"No" Internet Connection is required to use the Electrolog DVD.

**Electrolog ONLINE: For best performance use Chrome or Firefox...**

## Application Form

*Thank you for choosing Autocosmos.biz' Electrolog!*

This application form will ensure that we have all the information required to create a new account for you. This helps avoid delays in getting your account activated and any possible or future misunderstandings or discrepancies. The service contract is supplied on the Update DVD and its full content is then binding when accepted on installation. Autocosmosbiz reserves the right to make changes to the contract from time to time. It is therefore up to you the subscriber/user of the Electrolog to make sure you read and understand its content on the installation of each update.

The information supplied below will be verified and you will be advised of anything that may need clarification or amendment.

Company Name:		Trading as:	
Company Registration Number:		Legal Status of Company i.e. (Pty) Ltd, CC, etc	
Postal Address:		Physical Address:	
	Code:		Code:
Telephone:		Fax:	
Cellular:		E-mail address:	
Contact Person - Accounts:		Contact Person – Electrolog/IT:	
Number of users and Branches:	# of Users	Payment Method (Tick Applicable):	Monthly (Debit Order)    Annually (x11 months)

Details of Owners/Directors/Partners/Members:

Full Names and Surname:	Street/Home Address:	ID Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Trade References:

Company:	Telephone:
1. _____	_____
2. _____	_____

This report compiled by authorized official:

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

I, the undersigned, hereby certify that all the information supplied is deemed to be true and correct. I declare that I am fully authorized to sign on behalf of my company. I further more declare that when installing the Electrolog I will read and agree to the Service Contract and Terms and Conditions presented. If I do not agree, I have the right to cancel the setup before the Electrolog is loaded and reverse this contract. Cancellation must be communicated to Autocosmosbiz (Pty) Ltd in writing, within 7-days of receiving the DVD. I Understand that, if this application is accepted, this is a 24 month Contract and that Autocosmosbiz (Pty) Ltd is entitled to increase its subscription, and if applicable advertising rates, to the Electrolog annually. The Service Contract and Terms and Conditions are available on our website.

Signed at \_\_\_\_\_ (**Town Name**) on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_

Witness

\_\_\_\_\_

Signature of authorized official

Company Stamp

X



# Debit Order Instruction

UID (Unique ID)

I/we instruct the Bank of Athens to:

- Start a new Debit Order Instruction
- Change my/our existing Debit Order Instruction
- Remove Debit Order Instruction

## A. PERSONAL DETAILS

Full Name(s) and Surname:

Physical Address:

Postal Code:

Contact Details: (Home)

(Work)

(Mobile)

## B. DEBIT ORDER DETAILS

Debit Order Amount: R 471.50

(Amount in words) Four Hundred and Seventy-One Rand and Fifty Cents

Debit Order Day: 04

Debit Order Start Date: 04 / / 20

Debit Order End Date:

Beneficiary Account Number: 20000167779

## C. BANK DETAILS

Name of Account Holder:

Name of Bank:

Name of Branch:

Branch Code:

Account Number:

Account Type:

## D. AUTHORISATION

I/We hereby instruct and authorize you to draw against my/our account with the above mentioned bank (or any other bank or branch to which I/we may transfer my/our account) the amount necessary for payment of the monthly installment/premium due in respect of the above mentioned agreement/insurance. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/We understand that the withdrawals hereby authorized will be processed through a computerized system provided by The South African Bank of Athens Limited and I/We also understand that details of each withdrawal will be printed on my bank statement.

I/We agree to pay any bank charges relating to this debit order instruction. This authority may be canceled by me/us by giving you thirty days' notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amount which you withdraw while this authority was in force, if such amount were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is of will be).

Signed at:

on this

day of

20

Signature: