: PO Box 30487, Tokai, 7966, South Africa Web: www.evergreenlifestyle.co.za



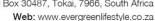
DEBIT ORDER AUTHORITY AND MANDATE

A. Authority

| 1. | Authority | details: |
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| 1. | Authority | uctans. |

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| Authority given by (account holder's name): | | |
| Physical address ("domicilium"): | | |
| Email address: | | |
| Telephone number: | | |
| | Bank: | |
| | Account number: | |
| Bank details: (Proof of bank details to be attached – cancelled cheque OR | Branch: | |
| bank statement not older than 3 months, OR account confirmation letter bearing the bank's original stamp) | Branch code: | |
| | <u>Type of account*:</u> current (cheque) / savings (*delete that whichever is not applicable) | |
| Payment Day: | 1st day of each and every month | |
| Commencement Date: | | |
| Authority given to: | Evergreen Health (Pty) Ltd (hereinafter referred to as "the Beneficiary") | |
| Beneficiary Abbreviated Name: (As it appears on accountholder's bank statement to identify this debit order) | EVG Health | |
| Beneficiary domicilium: | Amdec House, Silverwood Close, Steenberg Office Park, Tokai, 7945 Email: legaldept@evergreenlifestyle.co.za | |

- 2. I/We, the undersigned, hereby authorise the Beneficiary to issue and deliver payment instructions to its bankers for collection against my/our account and at my/our bank (or any other bank or branch to which I/we may transfer my/our account) as detailed in 1 above and shall continue until this Debit Order Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 1 (one) calendar month and delivered by hand and/or per email to the Beneficiary's address and/or email address stated in 1 above.
- 3. The individual payment instructions authorised by me/us in terms of this Debit Order Authority and Mandate must be issued and delivered as follows:
- 3.1. monthly and the amount of each individual payment instruction may not be more or less than the payment obligation to be met in that particular month;





- 3.2. on my/our Payment Day as indicated in 1 above, commencing on the Commencement Date referred to in 1 above. In the event that the Payment Day falls on a Sunday or recognised South African public holiday, the Payment Day will automatically be the following business day;
- 3.3. in the event that there are insufficient funds in my/our nominated account to meet my/our aforesaid payment obligations, the Beneficiary is entitled to track my/our account and again present the instruction for payment as soon as sufficient funds are available in my/our account;
- 4. I/We acknowledge that I/we understand that:
- 4.1. the withdrawals from my/our account hereby authorised will be processed through a computerised system used by the South African banks and I/we also understand that details of each withdrawal will be printed on my bank statement; and
- 4.2. such entry on my bank statement must contain a reference number, which must be included in the said payment instruction and if provided to the Beneficiary should enable the Beneficiary to identify the payment.
- 4.3. I/We shall not be entitled to any refund of amounts which the Beneficiary has withdrawn from my/our account while this Debit Order Authority and Mandate was in force, if such amounts were legally owing to the Beneficiary.

B. Mandate

I/We acknowledge that all payment instructions issued by or on behalf of the Beneficiary under this Debit Order Authority and Mandate shall be treated by my/our bank as if the instruction had been issued by me/us personally.

C. Cancellation

I/We agree that although this Debit Order Authority and Mandate may be cancelled by me/us, such cancellation will not cancel my/our liability and I/we shall remain liable irrespective of whether this Debit Authority and Mandate may have been cancelled. I/We shall not be entitled to any refund of amounts which the Beneficiary has withdrawn from my/our aforementioned account while this Debit Order Authority and Mandate was in force, if such amounts were legally owing to the Beneficiary.

D. **Assignment**

I/We acknowledge that this Debit Order Authority and Mandate may be ceded or assigned by the Beneficiary to a third party but this Debit Order Authority and Mandate cannot be ceded or assigned to any third party by me/us.

| SIGNED AT | ON | |
|-------------------------------|-----|--|
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| | | |
| SIGNATURE OF ACCOUNT HOLDER(S | S): | |