

Debit Order Form

Address:

GamCo (Pty) Ltd
 Box 4,
 Private Bag x121,
 Halfway House
 1686

From: (Your Company Name)

.....

Fill in your Company Name

| | | | |
|-----------------------|--|---------------------|--|
| Company Name | | Contact Name | |
| Postal Address | | Code | |
| Tel Number | | Fax Number | |
| Email Address | | Mobile No | |

I hereby request, instruct and authorise GAMCO to draw against my bank account as recorded below, or wherever it may, the sum of _____ on the first debit run, and the sum of _____ thereafter on a monthly basis. and to continue until such time as this instruction has been cancelled by virtue of my/our requesting same in writing, giving one months notice of such requests. All withdrawals from my/our account shall be treated as though they have been signed by me/us personally.

I understand that such withdrawals shall be processed through the ACB Magnetic Tape service and shall be printed on my/our bank statement. I/We agree to pay any bank charges to this instruction. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank which ever it may be.

| | | | |
|---------------------|--|-----------------------|--|
| Bank | | Branch | |
| Branch Code | | Account Number | |
| Account Type | | Account Name | |

Credit Cards (10% handling fee will be added)

| | | | |
|-----------------------|--|---------------------------|--|
| Account Holder | | Credit Card Number | |
| Expiry Date | | Credit Card Type | <input type="checkbox"/> Visa <input type="checkbox"/> Master Card |

Signed at on this day of 2006

.....
 Signature as used for signing cheques Assisted by - where legally necessary

Signee agrees to GamCo's Terms & Conditions — <http://www4.gam.co.za/legal/index.php>

PLEASE ATTACH CANCELLED CHEQUE or BANK STATEMENT TO CONFIRM YOUR BANK DETAILS