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Collier & Malan

Service Level Agreement

between
Collier and Malan Collections (Pty) Ltd
(Registration number 2016/302364/07)
(Hereinafter referred to as the "Agent")

Herein duly represented by **Karin Nel** (duly authorised)
(Collectively refer to as "The Parties")

and

(Hereinafter referred to as the "Client") (Insert the name of the incorporated company, firm, partnership, sole practitioner or other legal personae)

Herein duly represented by _____ Identity Number _____

General details			
Legal entity (Inc, Partnership etc)			
Company/CC/Trust registration number		VAT registration number	
Domicilium citandi et executandi			
(Street address)			
(Postal Code)		Implementation Date	
BHF practice number		Email address	
Store name		Client ID number	
Number of practitioners		Client cell number	
Banking details			
Bank name		Branch name	
Bank account name		Account number	
Account type		Branch number	
Product selection and fee structure			
Account type	Service type	Administration fee	
Medical aid and private accounts	ADMINISTRATION	See table below.	

Age of accounts	Administration fee
0 to 30 days	9%
30 to 180 days	11%
180 to 360 days	13%
>360 days	20%

For Collier & Malan Partner Terms and Conditions, please refer to www.colliermalan.co.za.

PAYMENTS TO COLLIER & MALAN PARTNERS

The Agent shall provide collection services to the Client in respect of the accounts, as recorded above. In exchange for the collection services provided by the Agent to the Client, the Client agrees and undertakes to pay to the Agent the Administration Fee, as recorded above, plus VAT.

The Administration Fee shall be calculated as the percentage, contained above, of the Face Value of all collected accounts for a monthly period.

The Agent shall retain the right, in its sole discretion, to vary the Administration Fee, provided that the Agent shall give the Client 30 (thirty) days' written notice of each such variation during which period of notice, the prevailing Administration Fee shall remain of force and effect.

Before The Agent can make a payment to the Client, please submit certified copies of valid SA ID documents for each director as well as proof of bank details (bank letter, bank statement or cancelled cheque) to partners@colliermalan.co.za.

THEREFORE SIGNED ON BEHALF OF THE CLIENT AS FOLLOWS:

Signed at _____ this _____
day of _____ 20 _____

(for and on behalf of the Client who warrants that he is duly authorised thereto)

Witness 1 Signature _____
 Name _____
 ID Number _____

Witness 2 Signature _____
 Name _____
 ID Number _____

THEREFORE SIGNED ON BEHALF OF COLLIER AND MALAN AS FOLLOWS:

Signed at _____ this _____
day of _____ 20 _____

Karin Nel (for and on behalf of the Agent who warrants that he is duly authorised thereto)

Witness 1 Signature _____
 Name _____
 ID Number _____

Witness 2 Signature _____
 Name _____
 ID Number _____

By signing this agreement, you agree to the Collier & Malan Partner Terms and Conditions. Please refer to www.colliermalan.co.za.