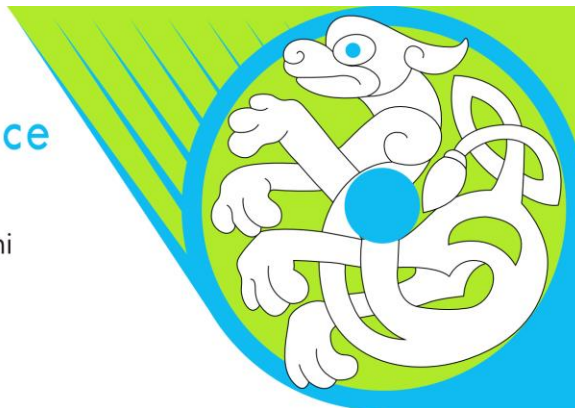


ANIMAL HEALTH & HYDRO Head Office



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DEBIT ORDER FOR EXTENDED PAYMENT TERMS FOR HANDS ON YOUR DOG

A Masterful Guide to Canine Physical Relief and Relaxation

Signatory Information

TITLE (Dr, Sr, Mr, Mrs)	
FIRST NAME (as per your ID document)	
LAST NAME (as per your ID document)	
Email Address	
Mobile Number	
Vet Nurse, AHT or Welfare assistant (If applicable)	
SAVC Reg. number: (If applicable)	
Banking Institution	
Account Number	
Branch Code	
Account Type	

Required Documents (for debit orders and flexible payment arrangements)

Individuals
<ul style="list-style-type: none">• Bank account in own personal name (no company bank accounts accepted)• Identity Document• Proof of residence (not older than 3 months)• Bank confirmation letter (not older than 3 months)• Signed and completed debit order consent form• Accepted mandate in personal banking app• Only the following personal bank accounts are accepted : ABSA, African Bank, Bidvest, Capitec, Finbond, FNB, Grobank, Mercantile, Nedbank, Standard Bank and Ubank.

INITIAL _____

Instalment information :

Course	No. of instalments	Monthly repayment	Total Amount Payable
Hands on your dog. Canine Physical Pain Relief	12 instalments	R 760.00 per month	R 9 120.00

Please use your chosen repayment schedule to complete the debit order consent form.

1. By signing this debit order instruction, I am purchasing Dr Tanya Grantham's online course "Hand on your Dog - A Masterful Guide to Canine Physical Relief and Relaxation. This course will be made available to be once I have approved the debit order mandate on my banking app.
2. I am the account holder of the bank account above and am authorised to sign this debt order instruction.
3. I will accept the debit order by midnight on the agreed upon day of processing. Failure to do so will incur and additional R35.00 (thirty-five rand) for each additional attempt (i.e., each time I do not accept the mandate on the agreed upon date) which will be added to the total above and divided equally 12 instalments.
4. I, the account holder, authorise Animal Health and Hydro Fourways (Pty) Ltd t/a Animal Health and Hydro, to draw the monthly premium amount against this account.
5. This authorisation is to remain in force until the full value of the selected treatment package has been settled in full i.e., nine thousand, one hundred and twenty rand (R9 120.00) and where applicable the additional mandate charged as per point 3 above.
6. I accept that Animal Health and Hydro Fourways (Pty) Ltd t/a Animal Health and Hydro may debit my account on a date other than that specified. If there are insufficient funds in the nominated account to meet the premium payment due.
7. Animal Health and Hydro Fourways (Pty) Ltd t/a Animal Health and Hydro is entitled to present the instruction for payment as soon as sufficient funds are available.
8. I agree to notify Animal Health and Hydro Fourways (Pty) Ltd t/a Animal Health and Hydro immediately in the event my banking details are changed and commit to accepting a new debit order mandate on the new bank account where the bank account has been changed.
9. I authorise Animal Health and Hydro Fourways (Pty) Ltd t/a Animal Health and Hydro

Account Owner: *(Required)*

Signed at _____ on this _____ day of _____ year 20____.

Name: _____ Signature: _____