



RETURN EMAIL: info@knoxvault.co.za

RETURN FAX: 086 689 4948

1. Client Details

Name of Person/Company/Corporation/Trust:

Trading Name:

VAT Registration Number:

Passport/ID/Registration /Masterø Reference Number:

First Authorised Individual (first person allowed access to goods stored)

Full Name, ID/Passport No:

Mobile Telephone No:

Home/Office Tel No:

E-Mail Address:

Fax Number:

Second Authorised Individual (second person allowed access to goods stored)

Full Name, ID/Passport No:

Mobile Telephone No:

Home/Office Tel No:

E-Mail Address:

Fax Number:

2. Customer's Physical Address

Building/Complex:

Street:

Suburb:

City:

3. Customer's Postal Address

Box Number/Building/Complex:

Street:

Suburb:

City:

Postal Code:

4. Customer's Bank Account Details

Person responsible for payment:

Bank Name:

Branch Name:

Branch Code:

Bank Account Name:

Account Number:

5. **Billing Period**
 (Rentals are payable either monthly or annually, in advance. Please note that i) agreement endures for fixed period of 12 months, and is thereafter terminable by either party on 30 days notice; and ii) payment annually in advance attracts a discount)

Annual Debit Order
 Monthly Debit Order

6. Safe Deposit Box Requirements	
Small (Width: 241mm, Depth: 445mm, Height:88mm)	Number required _____: (R_____) per box per month
Medium (Width: 241mm, Depth: 445mm, Height:104mm)	Number required _____: (R_____) per box per month
Large (Width: 241mm, Depth: 445mm, Height:130mm)	Number required _____: (R_____) per box per month
X Large (Width: 241mm, Depth: 445mm, Height:260mm)	Number required _____: (R_____) per box per month
XX Large (Width: 241mm, Depth: 445mm, Height:520mm)	Number required _____: (R_____) per box per month

Total number of Boxes: _____ (resulting in aggregate monthly rental payable by Customer of R_____, inclusive of discount for payment annually in advance, if applicable) **PLUS** refundable key deposit of R500 payable once-off in advance.

7. **Debit Order**
 The Customer hereby authorises Knox Titanium Vault Company (Proprietary) Limited (registration number 2009/003354/07) (t/a Knox) (øKnoxø) to register a debit order against the Customerø's bank account referred to in 4, for payment in advance of in the aggregate amount determined in accordance with 6 above (inclusive of the once-off refundable key deposit of R500), at intervals as per the Customerø's instructions in 5 above.

8. **Customer Signature**
 The Customer hereby i) verifies that the above information is true and correct ii) agrees to comply with and abide by the terms and conditions contained herein as well as those set out on the reverse side hereof thereby. The individual whose signature appears below warrants that he/she is duly authorized on behalf of the Customer and as such he/she authorises the verification of the information provided on this document and confirms that he/she has read and understood the terms and conditions contained in this application and set out on the reverse side hereof.

Signed for and on behalf of Customer: _____
 (who warrants his/her authority to do so and confirms that he/she has read and understood the terms and conditions contained herein as well as those set out on the reverse side hereof)

Name of Signatory:

Date:

9. **Authorised Individual/s signature**
 Each Authorised individual whose name and signature appears below here confirms that i) he/she has read the terms and conditions hereof (including those set out on the reverse side hereof); and ii) he/she agrees to comply with and abide thereby.

First Authorised Individualø's Signature: Second Authorised Individualø's Signature:

 (who warrant(s) its/their authority to do so and confirm that it/they have read and understood the terms and conditions contained herein as well as those set out on the reverse side hereof)

 Name of First Authorised Individual Name of Second Authorised Individual

 Date Date

Office Use Only

SAFE BOX NUMBER:

INITIAL BILL DATE:

CLIENT LIASON OFFICE: