



Dear Gogga Channel Partner or Customer

thank you for your interest in our existing range of products. This document set is to be completed for

- ☛ Application to become distributor
- ☛ sale executive
- ☛ Purchase a GOGGA product

Please note:

- ☛ Forms are marked in the top left corner
- ☛ All forms must be completed in black ink, completed in full and signed by the relevant parties
- ☛ Original forms must be returned to GOGGA company before activation of contract/unit operation may commence
- ☛ GOGGA reserves the right to decline any application without disclosure of the reasons to the applicant
- ☛ All prices indicated are exclusive of VAT

FORMS TO BE COMPLETED

Channel Partner forms:

- 01 Channel Partner Application Form
- 02 End-user Application Form
- 03 Debit Order Instruction

End-user application forms:

- 01 Channel Partner Application Form
- 02 End-user Application Form
- 03 Debit Order Instruction

Bank Details

Account Holder:
Gogga Tracking Solutions (Pty) Ltd
Bank: ABSA Bank
Branch: Centurion
Acc number: 406 071 7562



FOR OFFICE USE ONLY		
	ACCEPTED	DECLINED
SUPPLIER	<input type="checkbox"/>	<input type="checkbox"/>
DISTRIBUTOR	<input type="checkbox"/>	<input type="checkbox"/>
RESELLER	<input type="checkbox"/>	<input type="checkbox"/>
SALES EXEC	<input type="checkbox"/>	<input type="checkbox"/>

COMPANY/SALES EXEC DETAILS (Contract to be completed in full in block letters and in ink)

NAME: REGISTRATION NO:

TRADING AS: HOLDING COMPANY:

TYPE OF BUSINESS: PUBLIC COMPANY (PTY)LTD CC OTHER

NATURE OF BUSINESS: VAT NO:

DO YOU HAVE AN EXISTING CONTRACT WITH GOGGA TS? YES NO ACCOUNT NO CELL NO:

LANDLORD: TEL: PREMISES: OWNED LEASED

POSTAL ADDRESS: ATT:

 CODE:

DELIVERY ADDRESS: ATT:

 CODE:

CONTACT PERSON: TEL: FAX:

EMAIL:

DETAILS OF DIRECTORS / PROPRIETORS / PARTNERS

NAME: DESIGNATION:

RESIDENTIAL ADDRESS: CODE:

IDENTITY NO:

PERIOD AT ADDRESS: YEARS MONTHS

NAME: DESIGNATION:

RESIDENTIAL ADDRESS: CODE:

IDENTITY NO:

PERIOD AT ADDRESS: YEARS MONTHS

BANKING DETAILS:

The details of my Bank Account are as follows:

BANK BRANCH NAME

TOWN / CITY BRANCH NUMBER

TYPE OF ACCOUNT CURRENT (CHEQUE) SAVINGS TRANSMISSION

ACCOUNT NUMBER

PRODUCTS of interest

GOGGAConnect Other

DECLARATION

I HAVE READ, UNDERSTOOD AND AGREE TO THE TERMS AND CONDITIONS OF "GTS" AND DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT. I HEREBY CONSENT TO GOGGA TRACKING SOLUTIONS CREDIT VETTING ME USING THE INFORMATION ON THIS APPLICATION FORM. THE TERM & CONDITIONS BINDING YOU TO THIS CONTRACT IS NOT INCLUDED IN THIS DOCUMENT BUT CAN BE REQUESTED OR/AND IS AVAILABLE ON THE WEBSITE AT WWW.GOGGACONNECT.CO.ZA REFERED TO AS THE 'SALES CONTRACT TERMS & CONDITION'

SIGNATURE NAME DESIGNATION DATE

FOR OFFICE USE ONLY			REVERING CHANNEL INFO
Channel assigned number	Date approved	Other	Channel number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

GOGGA TRACKING SOLUTIONS (Pty) Ltd
(hereinafter referred to as "GTS")
Reg. No. 2004/022284/07, VAT No. 4900217912
Jean Avenue 81, Centurion, Pretoria
Tel: +27 (0)8600 46442
Fax: 087 941 0502
Website: www.goggaconnect.co.za



FROM:

NAME

CODE:

TO:

GOGGA Tracking Solutions (Pty) LTD

Jean Avenue 81
Centurion, Pretoria

PO Box 8490
Centurion, 0046

Dear Sirs / Madams

Business / Corporate Reseller & Distribution Contract DATED :

The details of my Bank Account are as follows:

BANK BRANCH NAME
TOWN / CITY BRANCH NUMBER
TYPE OF ACCOUNT CURRENT (CHEQUE) SAVINGS TRANSMISSION
ACCOUNT NUMBER

We hereby "instruct and" authorize Gogga Tracking Solutions (Pty) Ltd to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we my transfer my/our account) the minimum sum of

R Incl VAT (amount in words)
(full product description in words)

"the amount necessary for payment of the monthly installment/premium due in respect of the abovementioned agreement/insurance".

on day of each and every month commencing on and continuing for months or until termination of our agreement or until cancelled by me/us in writing. All such withdrawals from my/our bank account by Gogga Tracking (Pty) Ltd shall be treated as though they had been signed by me/us personally. Should my payable amount no be sufficient to pay for the full usage of the services supplied by Gogga, the debit order may be adjusted to accommodate the difference in amounts.

I/we understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher.

I/We agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by me/us by giving you thirty days' notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which Gogga Tracking Solutions (Pty) Ltd have withdrawn while this authority was in force, if such amounts were legally owing to Gogga Tracking Solutions (Pty) Ltd and I/we further understand that no notice of cancellation may be given within the period of this contract from the date of activation of services.

Receipt of this instruction by Gogga Tracking (Pty) Ltd shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

ASSIGNMENT:

I/We acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

I hereby confirm acceptance of the terms and condition as set out on the www.goggaconnect.co.za website. I confirm that I have read, understood these terms.

NOTE: A cancelled cheque should be attached for bank identification purposes. (Current accounts only). The User may add to the above minimum requirements.

The NAEDO and/or EFT user may add to the above minimum requirements.

SIGNED ON THIS DAY OF AT

SIGNATURE AS USED FOR SIGNING CHEQUES

ASSISTED BY
(Where legally necessary)

CAPACITY
bankserv-debit-order-(e)

PLEASE FAX FORMS TO 087 941 0502