

**1. FIRM DETAILS**

Legal Entity Name / Individual Name			
Director / Member / Partner Name		Email	
Legal Entity Registration No / ID No			
VAT Registration No		Docex No	
Physical Address			
Postal Address			
Telephone No		Fax No	

**2. BANK ACCOUNT DETAILS**

Banking Institution			
Branch Name		Branch Code (6 digits)	
Account No		Type of Account	

 **1: Debit Order**

I/We the undersigned, hereby authorise LexisNexis (Pty) Ltd and Standard Bank, on the Creditor's behalf, to debit my/our banking account from time to time with varying amounts, at my/our cost for transaction fees incurred through Lexis Gateway and to credit the Creditor's account at Standard Bank, payment being effected on the fifteenth day of each month. I/We acknowledge that Standard Bank acts merely as the Creditor's collecting bank and accordingly all disputes regarding the amount or validity of any debit or any other issue in connection with any transaction shall be a matter between the Creditor and me/us, and insofar as it may be necessary to do so, I/we waive any and all claims that I/we may have against Standard Bank. I/We understand and undertake that the Creditor will receive all amounts without prejudice to its rights. I/We confirm that this debit order authorisation has been signed in terms of the mandates held by my/our bank.

 **2: Electronic Funds Transfer**

Bank	Standard
Branch	Rondebosch
Branch Code	025009
Account No	07 296 6653

 **3: Other (please specify)**

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**3. PRIMARY CONTACT PERSON**

First Name		Surname	
E-mail		Position	
Office Phone		Cellphone	

 I would like to receive invoices and statements electronically at the above e-mail address.

**4. EMAILING OF THIS REGISTRATION FORM**

Please EMAIL this signed form to: [gateway.support@lexisnexis.co.za](mailto:gateway.support@lexisnexis.co.za). If you have any questions about Lexis Gateway or need any help in completing this form, please call our Customer Support Centre on 0861 567 248.

**5. TERMS AND CONDITIONS**

The duly authorised representative of the firm hereby authorises the primary contact to accept Lexis Gateway Subscriber Agreement.

**6. SIGNED BY**

Signature		Date	
Duly Authorised (please print name)			