

30 ROSEGATE GARDE
MOUNT EDGECOMBE
SOUTHGATE
DURBAN, 4068



Reg. No. PR-0019457
Reg. No. 2012/195318/07
Registered Member
(SAIT)19047069

PO .BOX 47511
GRAYVILLE
4023

FORM A

Tel/ Fax. 0824756528

Fax. 086 5180874

EMAIL info@msgfinancials.co.za
Website: www.msgfinancials.co.za

VERY IMPOTANT
TAX NO.

CONTRACT FORM (D) (INDIVIDUALS)

CONTRACT TO BE COMPLETED IN FULL IN BLOCK LETTERS AND IN INK

TITLE: <input type="text"/>	SURNAME <input type="text"/>	FIRST NAMES <input type="text"/>
IDENTITY NUMBER: <input type="text"/>	DATE OF BIRTH <input type="text"/>	SEX <input type="text"/>
MARITAL STATUS M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/>	TELEPHONE H <input type="text"/>	W <input type="text"/>
RESIDENTIAL ADDRESS: <input type="text"/> <input type="text"/> CODE <input type="text"/>	CELLULAR NO: <input type="text"/>	Email: <input type="text"/>
POSTAL ADDRESS <input type="text"/> <input type="text"/> CODE <input type="text"/>	POSITION HELD <input type="text"/>	
EMPLOYER <input type="text"/>		

DURATION OF THE CONTRACT

This contract shall remain in force as per period indicated below by signature of the tax member and ticked box on period term of contract, The income tax member shall commit him or herself and make sure that, all monthly premiums are paid to MSG Financials and Associates Pty Ltd account, Any disputed / failed premium(s) will suggest that MSG Financials and Associates Pty Ltd without any Notice will decline this contract but if a tax member indicate by correspondence in writing within 30 days before debit took place the contract shall remain inforce for a break of 30 days over 12 months period i.e. 1 month premium break only, and canceled if 2nd premium still not received.

12 MONTHS 24 MONTHS 36 MONTHS 48 MONTHS 60 MONTHS

SIGNATURE _____

DATE _____

ADMINISTRATIONS FEES PAYABLE BEFORE COMMENCING ON YOUR WORK AS FOLLOWS

PLEASE NOTE: ONCE OF FEE WILL BE DEBITED ON ADMINISTRATIONS / JOINING FEES PAYMENT AND FOLLOW BY NOMAL MONTHLY PREMIUM ONLY ON THE SECOND MONTH .(This declarations will be Authorized by signature of the tax member hand writing to debit his or her bank account and also will go hand in hand with debit Authority form signed by tax member separate to this form)

ADMINISTRATION ONCE OF FEES	R445.00	SIGNATURE <input type="text"/>
MONTHLY PREMIUM	R100.00	

DECLARATION

I _____

Declare that my current and future outstanding Income Tax queries handling by the above Consultants, I undertake to pay all initial fees as determined by MSG FINANCIALS AND ASSOCIATES Pty Ltd. By my signature I further agree on the monthly payments for the membership premium debited order form my account authorized by me for the purpose of income tax service rendered to me such as filing of tax returns to the SARS.

Clients Signature **At** _____ **Date**

FOR OFFICE USE ONLY

AUTHORISED BY **DATE**