LOT 405912
SHELENI ROAD
ADAMS MISSION
4110

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

FORM 25

Tel / WhatApp. 0647354310 EMAIL accounts@msgfinancials.co.za Website: www.msgfinancials.co.za

TAX NO.

SUBSCRIPTIONS FORM (INDIVIDUALS

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

TITLE: **SURNAME** **FIRST NAMES**

IDENTITY NUMBER: **DATE OF BIRTH** SEX

MARITAL STATUS M S D **TELEPHONE H** ( ) **W** ( )

RESIDENTIAL ADDRESS: **CODE** **CELLULAR NO:**

Email:

POSTAL ADDRESS **CODE** **POSITION HELD**

EMPLOYER

CONFIRM YOUR BANK ACCOUNT

I hereby confirm my bank for SARS updates only as required. I also concern Mr. Mabuza and MSG Financials and Associates Pty Ltd, to not use my personal information for anything except this purpose only, my signature and date bellow.

BANK NAME : _____

ACCOUNT NUMBER _____

TYPE OF ACCOUNT: _____ **CODE** _____

SAVINGS_____ **CHEQUE** _____ **TRANSMISSION**_____ **SIGNATURE** _____ **DATE** _____

ADMINISTRATIONS FEES PAYABLE BEFORE COMMENCING OF YOUR WORK AS FOLLOWS

PLEASE NOTE: THIS INITIAL PAYMENT SHOULD BE MADE BEFORE WORK COMMENCING AND PLEASE ATTACH PROOF OF PAYMENT AND SIGN WHERE IS APPLICABLE. (BANK DETAILS ON REQUEST). THE INIAL PAYMENT BASED ON EACH YEAR COMPLETED, HOWEVER, THE NUMBER OF YEARS WILL INCREASED BY YOUR YEARS OUTSTANDING FROM SARS.

EXAMPLE R500 X YEAR COMPLETED.

AMOUNT DUE TO PAY BY YOU **R500.00** **SIGNATURE**

DECLARATION

I _____

Declare that my current and future out standing Income Tax queries handling by the above consultants, I undertake to pay up front initial fees as determined by MSG FINANCIALS AND ASSOCIATES Pty Ltd I further agree to have 25% of my refunds if any from the SARS (South African Receiver of Revenue deducted and paid to MSG FINANCIALS AND ASSOCIATES Pty Ltd as part of their remuneration.

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

FOR OFFICE USE ONLY

AUTHORISED BY **DATE**