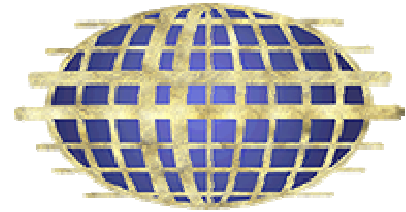




Healthnetworks



TEL - 086 110 0219
FAX - 086 518 7450
EMAIL - technical@ecizone.com

Executive Connections International

INTERNET SUBSCRIPTION

Particulars

Company Name : _____ Contact Person : _____
Company Reg No : _____ Identity Number : _____
Vat Number : _____ Account Holder : _____
Home Tel : (____) _____ Fax No : (____) _____
Business Tel : (____) _____ Cell No : (____) _____
Postal Address : _____
Postal Code : _____

SERVICES REQUIRED

Table with 4 columns: Professional Email Address, Personal Email, Subscription Period, Total for Debit Order, VAT Inc. Includes options for 3, 6, 12, and 24 months.

DEBIT ORDER DETAILS

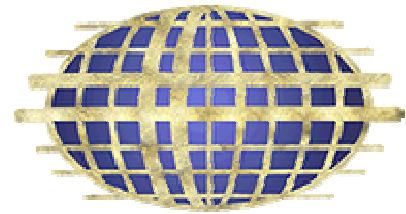
To: Executive Connections International (Pty Ltd)
The details of my bank account are as follows:

Bank : _____
Branch Name and Town : _____
Branch Number : _____
Account Number : _____
Type of Account : _____
(Current / Cheque / Savings / Transmission)

Signature as used for signing cheques or Contracts



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DEBIT ORDER AGREEMENT

I hereby request, "instruct" and authorize you to draw against my account with the above-mentioned bank (or any other bank or branch to which I may transfer my account) the sum of R_____ (*any amount in words*), "the amount necessary for payment of the monthly installment due in respect of the above-mentioned agreement" on the _____ day of each and every month commencing on _____ and continuing (*as the case may be*). All such withdrawals from my bank account by you shall be treated as though they had been signed by me personally.

I understand that the withdrawals hereby authorized, will be processed by computer through a system known as the ACB Magnetic Tape Service, and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher.

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

This authority may be cancelled by me by giving you thirty days notice in writing, once the initial contract term has expired, sent by prepaid registered post, but I understand that I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

Receipt of this instruction by you shall be registered as receipt thereof by my bank (whichever it is or will be).

Signed at _____ on this _____ day of _____

SIGNATURE AS USED FOR SIGNING CHEQUES

Please note: A cancelled Cheque should be attached for bank identification purposes. (Current accounts only).

Refer to the Addendum for details on Terms of Use of this service