

2 – 5 August 2018

TOTAL PAYABLE R

| CONSOLIDATED ORDER SUMMARY FORM |                 |  |                   |           | FORM 9 |  |
|---------------------------------|-----------------|--|-------------------|-----------|--------|--|
| Company<br>Name:                |                 |  | Stand<br>No:      |           |        |  |
| Please com                      |                 | for additional services i                                  | n the Form below. |           |        |  |
| CODE                            |                 | DESCRIPTION  | QTY               | PRICE     | TOTAL  |  |
|                                 |                 |  |                   |           |        |  |
|                                 |                 |  |                   |           |        |  |
|                                 |                 |  |                   |           |        |  |
|                                 |                 |  |                   |           |        |  |
|                                 |                 |  |                   |           |        |  |
|                                 |                 |  |                   |           |        |  |
| have not re                     |                 | to the email address p<br>e within 5 working days<br>co.za |                   |           |        |  |
| Services wi                     | not be rendered | without proof of paym                                      | ent.              | SUB-TOTAL | R      |  |
|                                 |                 |  |                   | 15% VAT   | R      |  |

Fax completed forms to: 086 775 3067