62 Viljoen Street Krugersdorp North, 1739 info@signtherapy.co.za www.signtherapy.co.za Cell: 072 282 7831

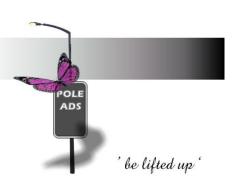




| Sign Therapy Pole ADS – ACCOUNT APPLICATION                         |                               |                                   |  |  |  |
|---|-------------------------------|-----------------------------------|--|--|--|
| CUSTOME   | R DETAILS                     |                                   |  |  |  |
| REGISTRERED NAME OF BUSINESS:                                       |                               |                                   |  |  |  |
| TRADING NAME:   |                               |                                   |  |  |  |
| COMPANY REGISTRATION NUMBER:  |                               |                                   |  |  |  |
| VAT REGISTRATION NUMBER:  |                               |                                   |  |  |  |
| PHYSICAL ADDRESS:   |                               |                                   |  |  |  |
| POSTAL ADDRESS:   |                               |                                   |  |  |  |
| NAME OF CUSTOMER'S CONTACT PERSON:                                  |                               |                                   |  |  |  |
| TELEPHONE NUMBER:   |                               |                                   |  |  |  |
| TELEFAX NUMBER:   |                               |                                   |  |  |  |
| E-MAIL ADDRESS:   |                               |                                   |  |  |  |
| DIRECTORS/MEN   | IBERS/OWNERS                  |                                   |  |  |  |
| FULL NAME AND SURNAME   | IDENTITY N                    | NUMBERS:                          |  |  |  |
|   |                               |                                   |  |  |  |
|   |                               |                                   |  |  |  |
|   |                               |                                   |  |  |  |
|   |                               |                                   |  |  |  |
|   |                               |                                   |  |  |  |
| CUSTOMER'   | S BANKERS                     |                                   |  |  |  |
| NAME OF BANK:   |                               |                                   |  |  |  |
| BRANCH OF BANK:   |                               |                                   |  |  |  |
| ACCOUNT NUMBER:   |                               |                                   |  |  |  |
| BRANCH CODE:  |                               |                                   |  |  |  |
| TRADE REFERENCES  |                               |                                   |  |  |  |
| COMPANY NAME  | CONTACT NUMBER                | CONTACT PERSON                    |  |  |  |
| 1.  |                               |                                   |  |  |  |
| 2.  |                               |                                   |  |  |  |
|   |                               |                                   |  |  |  |
| 3.  |                               |                                   |  |  |  |
| I/We hereby authorize Sign Therapy to make any enquiries it deer    |                               |                                   |  |  |  |
| approved I/we agree to be bound by the term and conditions of S     |                               |                                   |  |  |  |
| Sign Therapy or any of its subsidiaries may process, store and tran | nsmit any of the data above b | by electronic means. I/we confirm |  |  |  |
| that the information provided above is correct in all aspects.      |                               |                                   |  |  |  |
|   |                               |                                   |  |  |  |
| DATE  | CUSTOMER'S SIGNATURE          |                                   |  |  |  |
| SIGN THERAPY SALES REPRESENTATIVE:                                  | CUSTOIVIER'S SIGNATURE        |                                   |  |  |  |
| SIGIV INEKAPT SALES KEPKESEIVTATIVE:                                |                               |                                   |  |  |  |







| FOR SIGN THERAPY INTERNAL USE ONLY: |                   |          |  |  |
|-------------------------------------|-------------------|----------|--|--|
| ACCOUNT:                            | APPROVED/REJECTED |          |  |  |
| CREDIT LIMIT:                       | R                 |          |  |  |
| CANCELLED CHEQUE REQUIRED:          | YES/NO            |          |  |  |
| DEBIT ORDER REQUIRED:               | YES/NO            |          |  |  |
| ACCOUNT NUMBER:                     |                   |          |  |  |
| COMMENTS:                           |                   |          |  |  |
|                                     |                   |          |  |  |
|                                     |                   |          |  |  |
|                                     |                   |          |  |  |
|                                     |                   |          |  |  |
|                                     |                   |          |  |  |
|                                     |                   |          |  |  |
|                                     |                   |          |  |  |
| SIGNATURE:                          |                   | NAME:    |  |  |
| JIONATORE.                          |                   | IWAIVIL. |  |  |
| DATE:                               |                   | _        |  |  |
|                                     |                   | _        |  |  |
|                                     |                   |          |  |  |