DEBIT ORDER FORM

Please supply the following details for debit order purposes.

Name: _____

Address: _____

Code: _____

ID number: _____

Telephone: _____ e-mail: _____

I hereby request ABSA Bank, CENTURION, Branch code: 630 445, account number 913 4302 709 to debit my/our account with R_____ per month for a period of 12 months as from ____/____/2006 and to credit this amount to IMPLEX LEGAL COMPLIANCE SOLUTIONS (PTY) LTD.

Bank: _____

Branch: _____

Account No: _____

Account Name: _____

Account Type: _____

Signed at _____ on this _____ day of 2006.

Signature: _____

Please fax this form to: 086 687 0903

Thank you for your support!