



# Daly Morgan & Associates

Building 7, Parc Nicol, 3001 William Nicol Drive,  
Bryanston

Private Bag X138, Bryanston, 2021

Gauteng, South Africa

Tel: 011 548 7400 / Fax: 086 683 8805

email: [info@dalymorgan.co.za](mailto:info@dalymorgan.co.za)

website: [www.dalymorgan.co.za](http://www.dalymorgan.co.za)

NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

PRACTICE NUMBER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE(S): \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_  
(Accounts dept)

POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

VAT NUMBER: \_\_\_\_\_

## Banking Details

ACCOUNT HOLDER'S NAME: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

WHERE ACCOUNT IS HELD: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_  
(cheque, bond account, savings)

BRANCH CODE: \_\_\_\_\_

Kindly take note that in the event of monies being due to DMA as a result of patients making payment directly to the company, you will receive an invoice within the first week of the month requesting payment of the amounts due to DMA.

Should we not receive payment of the invoice within 7 (seven) days, permission is hereby granted to debit your account with the fees due to DMA.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_