



*Iso Leso Optics Limited*  
*(Reg 1990/013972/06)*

**APPLICATION TO SUBSCRIBE FOR SHARES**

I/We the undersigned, the owner/s of the optometry business practice which I/we carry on under the name and style of

Practice No: \_\_\_\_\_

Name: \_\_\_\_\_

hereby apply to take up 1 (one) share in **Iso Leso Optics Limited** (the Company) (or such other name as may be approved by the Registrar of Companies) the objects of which are to negotiate with the funders of health care, managed care organisations, other health care providers and the suppliers of goods and services to the respective shareholders of the Company with a view to maximising the potential synergistic and rationalisation benefits for each shareholder. I/We acknowledge that the Articles of Association of the Company are available for my/our inspection and consider myself/ourselves bound to the terms and conditions thereof. Should you wish to purchase more than one share, a maximum of 10 shares per practice site, please contact our offices for more information. The issuing of shares is subject to board approval.

Attached find a cheque in the amount of R\_\_\_\_\_ being the purchase price of \_\_\_\_\_ share/s. Alternatively an EFT can be done to the account details as set out below. Send a confirmation of your EFT transfer to either the e mail address below or the fax number.

SIGNED at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

|           |  |                     |
|-----------|--|---------------------|
|           | <b>Insert name/s of owner/s of practice</b><br><b>ONE RESPONSIBLE PERSON who</b><br><b>will be the nominated Shareholder</b> | <b>No of shares</b> |
| Signature | Name   |                     |

**Note**

1. Refer page 5 for cost and number of shares
2. Make cheque payable to Iso Leso Optics
3. Iso Leso Bank details for share capital only:  
ABSA Bank Northcliff  
Account number: 4051241013  
Branch code: 632005  
Please fax deposit slip to 011 782 0270

**Shareholder's information**

Please forward completed information to:  
Iso Leso Optics Limited, P O Box 2127, Cresta 2118, or Telephone: (011) 340 9000, Fax: (011) 782 0270,  
E-Mail address: info@isoleso.co.za

**A. PRACTICE DETAILS** *(Please complete in respect of each practice site to be registered)*

**CONFIDENTIAL**

|                               |              |
|-------------------------------|--------------|
| PRACTICE NAME                 |              |
| PHYSICAL ADDRESS OF PRACTICE  |              |
|                               | Postal code: |
| POSTAL ADDRESS OF PRACTICE    |              |
|                               | Postal code: |
| PROVINCE                      |              |
| PRACTICE NUMBER               | 070 000      |
| PRACTICE TELEPHONE NUMBER     | ( )          |
| PRACTICE FAX NUMBER           | ( )          |
| CELL NUMBER FOR OPTOMETRIST   |              |
| CELL NUMBER FOR COMMUNICATION |              |
| E-MAIL ADDRESS                |              |

|   |  |
|---|--|
| REMITTANCE E-MAIL ADDRESS   |  |
| NAMES OF OWNER/S OF PRACTICE<br>(Full details to be provided under paragraph B) |  |
| CO REGISTRATION NUMBER  |  |
| VAT NUMBER  |  |

**BANK DETAILS**

|                       |  |
|-----------------------|--|
| ACCOUNT HOLDER'S NAME |  |
| BANK AND BRANCH       |  |
| ACCOUNT NUMBER        |  |
| BRANCH CODE           |  |

*Iso Leso Optics Limited*

**B.1 PERSONAL DETAILS** *(Complete in respect of each proposed shareholder)*

|  |          |
|--|----------|
| TITLE  |          |
| SURNAME  |          |
| FIRST NAMES  |          |
| HPCSA REG. NUMBER  | OP       |
| IDENTITY NUMBER  |          |
| ARE YOU A MEMBER OF AN IPA, NETWORK OF OPTOMETRISTS, OR A FRANCHISE?<br>If so, please state name |          |
| ARE YOU A PAID UP MEMBER OF SAOA?  | YES / NO |
| EDUCATIONAL INSTITUTE AT WHICH YOU QUALIFIED   |          |
| NUMBER OF SHARES APPLIED FOR   |          |

## 2<sup>nd</sup> OWNER

### B.2 PERSONAL DETAILS *(complete if there is more than 1 owner)*

|  |          |
|--|----------|
| TITLE  |          |
| SURNAME  |          |
| FIRST NAMES  |          |
| HPCSA REG. NUMBER (old SAMDC)  |          |
| IDENTITY NUMBER  |          |
| ARE YOU A MEMBER OF AN IPA,<br>NETWORK OF OPTOMETRISTS, OR<br>A FRANCHISE?<br>If so, please state name |          |
| ARE YOU A PAID UP MEMBER OF<br>SAOA?   | YES / NO |
| EDUCATIONAL INSTITUTE AT<br>WHICH YOU QUALIFIED  |          |
| NUMBER OF SHARES APPLIED FOR   |          |

## 3<sup>rd</sup> OWNER

### B.3 PERSONAL DETAILS *(complete if there is more than 1 owner)*

|  |          |
|--|----------|
| TITLE  |          |
| SURNAME  |          |
| FIRST NAMES  |          |
| HPCSA REG. NUMBER (old SAMDC)  |          |
| IDENTITY NUMBER  |          |
| ARE YOU A MEMBER OF AN IPA,<br>NETWORK OF OPTOMETRISTS, OR<br>A FRANCHISE?<br>If so, please state name |          |
| ARE YOU A PAID UP MEMBER OF<br>SAOA?   | YES / NO |
| EDUCATIONAL INSTITUTE AT<br>WHICH YOU QUALIFIED  |          |
| NUMBER OF SHARES APPLIED FOR   |          |

# Iso Leso Optics Limited

## Written Authority and Mandate for Debit Payment Instructions

This signed Authority and Mandate refers to our contract dated \_\_\_\_\_ (“the Agreement”).

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on \_\_\_\_\_ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered monthly.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Payment Instructions due in December may be debited against my account on \_\_\_\_\_ (date).

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form before the issuing of any payment instruction.

**Mandate:** I/We acknowledge that all payment instructions issued by you shall be treated by my/our below-mentioned Bank as if the instructions have been issued by me/us personally.

**Cancellation:** I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We 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.

**Assignment:** I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

You will be notified within 30 days of the next debit order payment of any fee increases for your membership.

Your debit order will then automatically be adjusted to reflect these increases.

|                                     |   |
|-------------------------------------|---|
| Payment to (Company name)           | <b>ISOLESOOPT</b>                             |
| Registered abbreviated company name |   |
| Name of account holder              |   |
| Address of account holder           |   |
| Practice number                     |   |
| <b>Banking details</b>              |   |
| Name of Bank                        | Type of Account                               |
| Branch Name                         | Branch code                                   |
| Account number                      | Monthly amount: <input type="checkbox"/> R342 |

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(Signature as used for operating on the account)

Please attach a cancelled cheque/ proof of banking details. Please ensure you complete the membership application form AND the written authority for debit order payment instructions.

# Iso Leso Optics Limited

## SHARE COSTS AND MANAGEMENT FEES

| PRACTICE SITE            | SHARE PRICE        | VOTING SHARES AT PAR VALUE  | MONTHLY SUBSCRIPTION FEE                                    |
|--------------------------|--------------------|---|---|
| 1 Practice<br>1 Owner    | R1600              | R1 share capital<br>1 share<br>1 vote   | R300 (excl. VAT)<br>Per Practice                            |
| 1 Practice<br>2 Owners   | R1600              | R1 share capital<br>1 share<br>1 vote   | R300 (excl. VAT)<br>Per Practice                            |
| 1 Practice<br>4 Owners   | R1600              | R1 share capital<br>1 share<br>1 vote   | R300 (excl. VAT)<br>Per Practice                            |
| 2 Practices<br>1 Owner   | 2 x R1600<br>R3200 | R2 share capital<br>2 shares<br>2 votes   | R300 per Practice<br>R600 (excl. VAT)                       |
| 2 Practices<br>4 Owners  | 2 x R1600<br>R3200 | R2 share capital<br>2 shares<br>2 votes   | R300 per Practice<br>R600 (excl. VAT)                       |
| 4 Practices<br>3 Owners  | 4 x R1600<br>R6400 | R4 share capital<br>4 shares<br>2 shares x 1 Owner<br>1 share x 2 Owners<br>4 votes | R300 per Practice<br>R1200 (excl. VAT)                      |
| 1 Franchise<br>1 Owner   | R1600              | R1 share capital<br>1 share<br>1 vote   | R300 (excl. VAT)<br>Per Franchise Site                      |
| 1 Franchise<br>2 Owners  | R1600              | R1 share capital<br>1 share<br>1 vote   | R300 (excl. VAT)<br>Per Franchise Site                      |
| 2 Franchises<br>4 Owners | 2 x R1600<br>R3200 | R2 share capital<br>2 shares<br>2 votes   | R300 per Practice<br>R600 (excl. VAT)<br>Per Franchise Site |

### NOTES:

- Each practice site pays a minimum of R1600 for 1 share and must have at least 1 share
- Each practice site gets allocated 1 share at R1600 cost price
- Maximum shares per site - 10 shares, a practice can therefore purchase more than 1 share
- Owners of a practice can decide on the number of shares to be held by individual optometrists
- Maximum shares per individual – 270 (depends on how many sites the individual owns alone) for multiple sites. This will require that the individual owns 27 sites
- A "site" shall mean a practice site or franchise site
- An "owner" shall mean the optometrist who owns the practice
- In the case of franchises, the owner shall be the franchisee
- Where an optometrist/owner seeks to purchase more than 1 share the relevant multiple will apply to the above table
- The monthly management fee is fixed per site and is not affected by the number of shares. Each practice site with a unique PCNS is subject to a monthly management fee.