SAOA
South African Optometric Association

ORDER FORM

DESCRIPTION	UNITS	UNIT PRICE PAID UP MEMBER (INCL. VAT)	UNIT PRICE NON-MEMBER (INCL. VAT)	QUANTITY ORDERED	TOTAL AMOUNT IN RANDS
DRIVERS LICENCE CERTIFICATES *PURCHASE OF CERTIFICATES TO BE CAPPED AT 5 PACKS PER ORDER, ON A BI-MONTHLY BASIS. (I.E. NOT MORE THAN 5 PACKS EVERY TWO MONTHS)*					
A4 CERTIFICATES	250	R195.00	R650.00		
PATIENT EYE CARE LEAFLETS					
Digital Devices	50	R70.00	R150.00		
Dry Eye	50	R70.00	R150.00		
Spectacle Care	50	R70.00	R150.00		
Vision Conditions	50	R70.00	R150.00		
Drivers Guide to Vision	50	R70.00	R150.00		
EYE CARE POSTERS					
Posters	1	Free	R370.00		
DEPARTMENT OF LABOUR LAMINATED WALL CHARTS					
Basic Conditions of Employment Act	1	R90-00	R280-00		
Employment Equity Act	1	R90-00	R280-00		
HR POLICIES & PROCEDURES					
HR Policies & Procedures Manual	1	Free	R1800.00		
POPI Pack	1	Free	R2500.00		
PAIA Template	1	Free	R 600.00		
MEMBERSHIP LAPEL PIN					
Membership Lapel Pin	1	R70.00	N/A		
1. Courier Fee is R150 for Gauteng Only and R210 for Other Provinces				COURIERS ONLY	R150.00 / 210.00
				TOTAL	

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ORDER FORM CONTINUED

PLEASE NOTE: NO CERTIFICATES WILL BE DISPATCHED WITHOUT PROOF OF PAYMENT

PLEASE USE YOUR SAOA ACCOUNT NUMBER / MEMBER NUMBER OR OP NUMBER AS REFERENCE WHEN MAKING PAYMENT FOR CORRECT ALLOCATION TO YOUR ACCOUNT

Name of Optometrist: _____

OP Number: _____ SAOA Member / Account Number: _____

Practice Number & Name: _____

Delivery Address:

_____ Date Ordered: _____

_____ Vat No: _____

_____ Cellphone No: _____

_____ Telephone No: _____

_____

Email: _____

Date Ordered: _____ Date Paid: _____

Amount Paid: _____ Payment Method: _____

THE SA OPTOMETRIC ASSOCIATION - TEL 011 805 4517

BANKING DETAILS: Standard Bank Menlyn Retail Branch 01-23-45 (Branch Code) 012678279 (Acc. No.)
Email both the proof of payment & order form to **orders@saoa.co.za**

FOR OFFICE USE ONLY:

METHOD SENT: _____ TRACKING NO: _____

DATE SENT: _____ SENT BY: _____

INVOICE NO: _____ MEMBER NO: _____

CERTIFICATE NUMBERS: FROM _____ TO _____