



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					
A4 CERTIFICATES	250	R180.00	R600.00		
PATIENT EYE CARE LEAFLETS					
Digital Devices	50	R65.00	R140.00		
Dry Eye	50	R65.00	R140.00		
Spectacle Care	50	R65.00	R140.00		
Vision Conditions	50	R65.00	R140.00		
Drivers Guide to Vision	50	R65.00	R140.00		
EYE CARE POSTERS					
Posters	1	Free	R350.00		
HR POLICIES & PROCEDURES					
HR Policies & Procedures Manual	1	Free	R1800.00		
Code of Conduct	1	Free	R459.00		
Health & Safety	1	Free	R459.00		
Salary & Administration	1	Free	R459.00		
Locums & Part-Time Employees	1	Free	R459.00		
Leave	1	Free	R459.00		
Over-time	1	Free	R259.00		
Computer Usage	1	Free	R259.00		
Employee Purchases	1	Free	R159.00		
Termination of Services	1	Free	R259.00		
Disciplinary Code	1	Free	R569.00		
Grievance	1	Free	R459.00		
Smoking	1	Free	R259.00		
Substance Abuse	1	Free	R259.00		
POPI Pack	1	Free	R2500.00		
PAIA Template	1	Free	R 600.00		
1. Courier Fee is R130 for Gauteng Only and R180 for Other Provinces 2. Township & Remote Delivery Area (Additional R120)				COURIERS ONLY	R130.00 / 180.00
				TOTAL	

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: _____

Fax No: _____ Township Yes/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.)
Fax both the proof of payment & order form to: 011 312 5637 or email 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 _____