



# ORDER FORM

DESCRIPTION	UNITS	UNIT PRICE PAID UP MEMBER (INCL. VAT)	UNIT PRICE NON-MEMBER (INCL. VAT)	QUANTITY ORDERED	TOTAL AMOUNT IN RANDS
<b>DRIVERS LICENCE CERTIFICATES</b>					
A4 CERTIFICATES	250	R180.00	R600.00		
<b>PATIENT EYE CARE LEAFLETS</b>					
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		
<b>EYE CARE POSTERS</b>					
Posters	1	Free	R350.00		
<b>DEPARTMENT OF LABOUR LAMINATED WALL CHARTS</b>					
Basic Conditions of Employment Act	1	R50.00	R250.00		
Employment Equity Act	1	R50.00	R250.00		
<b>HR POLICIES &amp; PROCEDURES</b>					
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		
<b>POPI Pack</b>	1	Free	R2500.00		
<b>PAIA Template</b>	1	Free	R 600.00		
<b>1. Courier Fee is R130 for Gauteng Only and R180 for Other Provinces</b>				COURIERS ONLY	R130.00 / 180.00
<b>2. Township &amp; Remote Delivery Area (Additional R120)</b>				<b>TOTAL</b>	

## 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](mailto:orders@saoa.co.za)

### FOR OFFICE USE ONLY:

METHOD SENT: \_\_\_\_\_ TRACKING NO: \_\_\_\_\_

DATE SENT: \_\_\_\_\_ SENT BY: \_\_\_\_\_

INVOICE NO: \_\_\_\_\_ MEMBER NO: \_\_\_\_\_

CERTIFICATE NUMBERS: FROM \_\_\_\_\_ TO \_\_\_\_\_