



Order form

The Proactive Education School Governance, Learner protection and Academic disorder APP

Name of school/organisation: _____

Contact person: _____ Tel: _____

Fax: _____ Email: _____

We would like to purchase _____ APPS (**Please note 1 APP per user only**)

Total per APP R 295.00 (Inclusive)

Name	E -mail	Contact number	Amount

Total = _____

For invoice purposes if required

VAT number if required: _____

Any other relevant details: _____

Payment

Please use your **school/organisations name** as reference on all banking transactions, please note that no order will be processed without payment and order form.

Once Payment is received with the above information each user will receive an email with their user name and password, to enable them to access the APP.

Fax/email this booking form and payment advice to 086 6967807 or 031 5726081

Email: debbie@rapewise.co.za

Payment can be made via EFT to:

Rape Wise
Bank: ABSA
Branch code: 632005
Account no: 406 497 6342
Cheque account

