⊕ MediWallet

AGREEMENT ON THE USE OF MEDIWALLET CREDIT BETWEEN

FEVERTREE FINANCE PROPRIETARY LIMITED
("FEVERTREE") 1998/023910/07 and the MERCHANT

Trading name (Merchant)	
Legal name (Incorporated)	
Registration number	
VAT number	
Doctor / Director	
Doctors email	
Practice manager	
Practice manager email	
Mobile number	
Fax number	
Landline number	
Physical address	
Postal code	
City / Town	
Province	
Longitude	
Latitude	
Referred to MediWallet by	
Name of account holder	
Account number	
Name of Bank	
Branch name	
Branch code	

For the MediWallet Partner Terms and Conditions, please refer to www.mediwallet.co.za/signup.

PAYMENTS TO MEDIWALLET PARTNERS

FeverTree shall pay the Merchant on a weekly basis, coinciding with each FeverTree weekly payment run, according to the below formula. Should FeverTree review the formula, FeverTree shall notify the Merchant in writing thereof, which shall immediately become effective in respect of all purchase transactions performed after the date on which such notice is given.

For the purposes of the payment to the Merchant, FeverTree shall pay the merchant the weekly aggregate of the account holders purchase amounts, being the value in the payment instruction transmitted to FeverTree, **less** the settlement discount calculated in terms of the below formula.

For transactions where the customer spends less than R1 000:

$A = B \times C$

where:

A = the discount to be calculated (amount subtracted from the payment made by the Credit Provider to the Merchant), inclusive of vat;

B = 0,05 (or 5%);

C = the purchase amount (value) of the transaction concluded with the Merchant by the account holder inclusive of vat.

For transactions where the customer spends more than R1 000:

$A = B \times C$

where:

A = the discount to be calculated (amount subtracted from the payment made by the Credit Provider to the Merchant), inclusive of vat;

B = 0,10 (or 10%);

C = the purchase amount (value) of the transaction concluded with the Merchant by the account holder inclusive of vat.

Before FeverTree can make a payment to the Merchant, please submit certified copies of valid SA ID documents for each director as well as proof of bank details (bank letter, bank statement or cancelled cheque) to partners@mediwallet.co.za.

Signed at _____ **on** _____.

For the **Merchant**: _____

Name: _____

Signed at _____ **on** _____.

For the **FeverTree Finance**: _____

Name: _____

By signing this agreement, you agree to the MediWallet Partner Terms and Conditions. Please refer to www.mediwallet.co.za/signup.