



## Psytech SA Client Order Form

Psytech South Africa (Pty) Ltd  
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Full Company Name:	Contact:
Company Account Number:	E-mail:
Fax no:	Order No:
Date:	VAT NO:
Tel no:	Dongle ID:

Please indicate preferred method when ordering materials from Psytech:

Collect  Courier  Priority Mail  Registered Mail  Ordinary Mail

Postal address:

GeneSys Dongle Credits

GeneSys Online Credits

Quantity	Description / instructions	Price excluding VAT

### Declaration by supervising psychologist/Psychometrist (Independent Practice)

I hereby agree to take full professional responsibility for the products and/or services ordered herewith, in terms of the applicable legislation, HPCSA regulations and ethical code. By signing this order form I confirm that I have read and accepted Psytech terms and conditions. If you would like to review the terms and conditions please contact Psytech at 011 646 7010 or [info@psytech.co.za](mailto:info@psytech.co.za)

Full Name(psychologist/psychometrist):

Signature:

HPCSA Registration number:

Telephone number:

Authorization by finance dept:

For office use only:

Cash

Paid

Valid HPCSA no

Verification

Date

Age A and A

**NB: Order forms which do not include a signature and date will not be processed**