



Psytech SA REDEEMING CREDITS FROM PREVIOUS BULK ORDERS

To be completed in full when credits are required off the bulk order, and faxed to Psytech SA at **011 646 7011**

Full Company Name:	Contact:
Company Account Number:	E-mail:
Date:	Tel no:

Quantity	Description / instructions	Price excluding VAT

Declaration by supervising psychologist/Psychometrist (Independent Practice)

I hereby agree to take full professional responsibility for the credits ordered herewith, in terms of the applicable legislation, HPCSA regulations and ethical code.

Full Name: _____

Signature: _____

HPCSA Registration number: _____

Telephone number: _____

For office use only:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash	Paid	Valid HPCSA no	Date	Age A and A