

# Iso Leso Optics Limited

## APPLICATION TO SUBSCRIBE FOR SHARES

I/We the undersigned, the owner/s of the optometry business practice which I/we carry on under the name and style of

\_\_\_\_\_ hereby apply to take up \_\_\_\_\_ (number) shares in **Iso Leso Optics Limited** (the Company) (or such other name as may be approved by the Registrar of Companies) the objects of which are to negotiate with the funders of health care, managed care organisations, other health care providers and the suppliers of goods and services to the respective shareholders of the Company with a view to maximising the potential synergistic and rationalisation benefits for each shareholder. I/We acknowledge that the Articles of Association of the Company are available for my/our inspection and consider myself/ourselves bound to the terms and conditions thereof.

Attached find a cheque in the amount of R\_\_\_\_\_ being the purchase price of \_\_\_\_\_ shares.

**SEE OUR WEBSITE AT [www.isoleso.co.za](http://www.isoleso.co.za)**

SIGNED at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 2009

	Insert name/s of owner/s of practice	No of shares
Signature	Name	
Signature	Name	
Signature	Name	
Signature	Name	
Signature	Name	

**Note**

1. Refer page 5 for cost and number of shares
2. Make cheque payable to Iso Leso Optics
3. Iso Leso Bank details for share capital only:  
ABSA Bank Northcliff  
Account number: 4051241013  
Branch code: 632005  
Please fax deposit slip to 011 888 8857

## Shareholder's information

Please forward completed information to:

Iso Leso Optics Limited, P O Box 2127, Cresta 2118, or Telephone: (011) 340 9000, Fax: (011) 888 8857,

E-Mail address: healthman@healthman.co.za

### A. PRACTICE DETAILS *(Please complete in respect of each practice site to be registered)*

**CONFIDENTIAL**

PRACTICE NAME	
PHYSICAL ADDRESS OF PRACTICE	
	Postal code:
POSTAL ADDRESS OF PRACTICE	
	Postal code:
PROVINCE	
PRACTICE NUMBER	070 000
PRACTICE TELEPHONE NUMBER	(     )
PRACTICE FAX NUMBER	(     )
CELL NO FOR OPTOMETRIST	
E-MAIL ADDRESS	
NAMES OF OWNER/S OF PRACTICE (Full details to be provided under paragraph B)	<hr/> <hr/> <hr/> <hr/> <hr/>
CO REGISTRATION NUMBER	
VAT NUMBER	

#### **BANK DETAILS**

ACCOUNT HOLDER'S NAME	
BANK AND BRANCH	
ACCOUNT NUMBER	
BRANCH CODE	

# Iso Leso Optics Limited

## B.1 PERSONAL DETAILS (Complete in respect of each proposed shareholder)

TITLE	
SURNAME	
FIRST NAMES	
HPCSA REG. NUMBER	OP
IDENTITY NUMBER	
ARE YOU A MEMBER OF AN IPA, NETWORK OF OPTOMETRISTS, OR A FRANCHISE? If so, please state name	
ARE YOU A PAID UP MEMBER OF SAOA?	YES / NO
EDUCATIONAL INSTITUTE AT WHICH YOU QUALIFIED	
NUMBER OF SHARES APPLIED FOR	

## 2<sup>nd</sup> OWNER

## B.2 PERSONAL DETAILS (complete if there is more than 1 owner)

TITLE	
SURNAME	
FIRST NAMES	
HPCSA REG. NUMBER (old SAMDC)	
IDENTITY NUMBER	
ARE YOU A MEMBER OF AN IPA, NETWORK OF OPTOMETRISTS, OR A FRANCHISE? If so, please state name	
ARE YOU A PAID UP MEMBER OF SAOA?	YES / NO
EDUCATIONAL INSTITUTE AT WHICH YOU QUALIFIED	
NUMBER OF SHARES APPLIED FOR	

# ***Iso Leso Optics Limited***

P O Box 2127, Cresta, 2118  
Tel: (011) 888 4681, Fax: (011) 888 8857

## **ACB AUTHORITY**

You are hereby authorised to raise monthly debits to my bank account detailed below:

NAME OF ACCOUNT HOLDER

\_\_\_\_\_

PRACTICE NO.

\_\_\_\_\_

### **BANK DETAILS**

TYPE OF ACCOUNT

CURRENT: \_\_\_\_\_

SAVINGS: \_\_\_\_\_

NAME OF BANK

\_\_\_\_\_

BRANCH

\_\_\_\_\_

ACCOUNT NO.

\_\_\_\_\_

BANK CLEARING CODE  
(top right corner of cheque)

\_\_\_\_\_

AMOUNT TO BE CHARGED MONTHLY FROM:

\_\_\_\_\_

(R285.00 - VAT incl. per practice site / franchise site)

The company will charge my account on the 1<sup>st</sup> (first) and on the same day of each month thereafter.

It is hereby agreed that this authority will remain in force until cancelled in writing.

SIGNED AT ..... on .....2009.

\_\_\_\_\_  
Signature

**PLEASE ATTACH A CANCELLED CHEQUE AND A COPY OF YOUR ID.**

# Iso Leso Optics Limited

## SHARE COSTS AND MANAGEMENT FEES

PRACTICE SITE	SHARE PREMIUM	VOTING SHARES AT PAR VALUE	MONTHLY SUBS
1 Practice 1 Owner	R1490	R10 share capital 10 Shares 10 Votes	R250 (excl. VAT) Per Practice
1 Practice 2 Owners	R1490	R10 share capital 10 Shares 5 Shares per Owner 10 Votes	R250 (excl. VAT) Per Practice
1 Practice 4 Owners	R1490	R10 share capital 10 Shares 1 x 4 Votes 3 x 2 Votes 10 Votes	R250 (excl. VAT) Per Practice
2 Practices 1 Owner	2 x R1490 R2980	R20 share capital 20 Shares 20 Votes	R250 per Practice R500 (excl. VAT)
2 Practices 4 Owners	2 x R1490 R2980	R20 share capital 20 Shares 5 Shares per Owner 20 Votes	R250 per Practice R500 (excl. VAT)
4 Practices 3 Owners	4 x R1490 R5960	R40 share capital 40 shares 14 Shares x 1 Owner 13 Shares x 2 Owners 40 Votes	R250 per Practice R1000 (excl. VAT)
1 Franchise 1 Owner	R1490	R10 share capital 10 Shares 10 Votes	R250 (excl. VAT) Per Franchise Site
1 Franchise 2 Owners	R1490	R10 share capital 10 Shares 5 Shares per Owner 10 Votes	R250 (excl. VAT) Per Franchise Site
2 Franchises 4 Owners	2 x R1490 R2980	R20 share capital 20 Shares 5 Shares per Owner 20 Votes	R250 per Practice R500 (excl. VAT) Per Franchise Site

### NOTES:

1. Each site pays R1500 for 10 shares
2. Each site gets 10 shares at R10 par, plus R1490 share premium
3. Maximum shares per site - 10 shares
4. Owners of a practice can decide on number of shares to be held by individuals
5. Maximum shares per individual - 40 (depends on how many sites the individual owns alone) for multiple sites
6. A "site" shall mean a practice site or franchise site
7. An "owner" shall mean the optometrist who owns the practice
8. In the case of franchises, the owner shall be the franchisee