

# MASTER COMMISSION AGREEMENT

Between

## **Limekilns (Pty) Ltd**

Registration No: 2014/073456/07

VAT Number : 4620304131

Herein represented by:

\_\_\_\_\_  
Identity number\_\_\_\_\_

**(Hereinafter referred to as Pay Master)**

And

Lead Provider Name \_\_\_\_\_

Registration/ID Number\_\_\_\_\_

**(Hereinafter referred to as Lead Provider)**

### **1. APPOINTMENT**

The Lead Provider is hereby appointed for the purpose of marketing and promoting specifically agreed products of **LIMEKILNS**. This appointment does not create any employer / employee relationship whatsoever.

### **2. DURATION**

The appointment of the Lead Provider shall come into effect on the Signature Date (means the date of signature of this Agreement by the Party signing last) and shall remain in force until terminated by either party by giving 30 days prior written notice.

### **3. FINANCIAL ARRANGEMENTS**

**3.1** In return for marketing and promoting LIMEKILNS's products as stipulated above, the Lead Provider shall be entitled to receive a commission subject to the terms and conditions of this agreement.

**3.2** The commission payable to the Lead Provider in terms of this agreement shall be calculated as per clause 4. Any dispute as to the calculation of the commission payable to the Lead Provider in respect of any transaction concluded shall be referred for determination to the Auditors of LIMEKILNS who shall determine such dispute acting as experts and not as arbitrators.

\_\_\_\_\_Initials

**4. STANDARD PRICING STRUCTURE AND AGENT COMMISSION**

**4.1** LIMEKILNS will pay the Lead Provider:

a) a once off commission calculated as \_\_\_\_\_ (Vat inclusive) of the interest to be earned on the first

facility to be provided by LIMEKILNS to a client introduced by the Lead Provider to LIMEKILNS (the Lead Provider Commission) and thereafter

b) a reoccurring commission calculated as \_\_\_\_\_ (Vat inclusive) of the interest to be earned on all

subsequent facilities to be provided by LIMEKILNS to a client introduced by the Lead Provider to

LIMEKILNS (the Lead Provider Reoccurring Commission), in the 24 month period following the disbursement of the first facility to such client, notwithstanding the termination of this agreement as per clause 2.

**4.2** To enable LIMEKILNS to make payment in terms of this agreement the Lead Provider must present LIMEKILNS with an invoice.

**4.3** Payment of the Lead Provider and the Lead Provider Reoccurring Commissions shall be made By LIMEKILNS by way of an electronic transfer into the Lead Provider's bank account as stipulated By the Lead Provider in Annexure An enclosed hereto, when a facility is advanced to a client.

**5. MISCELLANEOUS MATTERS**

**5.1** Any written notice in connection with this Agreement may be addressed:

the Lead Provider :

physical address:

postal address: P O Box

LIMEKILNS address:

\_\_\_\_\_  
\_\_\_\_\_

Lead Provider Signature \_\_\_\_\_

\_\_\_\_\_

Signed at

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

AS WITNESS

For and on behalf of the **Lead Provider**

**The Lead Provider  
Duly Authorised**

\_\_\_\_\_

Director

Signed at Sandton, Gauteng this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_

AS WITNESS - \_\_\_\_\_

For and on behalf of  
**LIMEKILNS (Pty) Ltd**

**Duly Authorised**

**LEAD PROVIDER DETAILS**

**Full Names:** \_\_\_\_\_

Identity number : \_\_\_\_\_

**Company :** \_\_\_\_\_

Registration No. : \_\_\_\_\_

**Physical Address :**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Postal Address :**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tel. No.:** Cell : \_\_\_\_\_  
Business : \_\_\_\_\_  
Fax : \_\_\_\_\_  
E-mail : \_\_\_\_\_

**Bank Details :**  
Bank : \_\_\_\_\_  
Branch : \_\_\_\_\_  
Branch code : \_\_\_\_\_  
Account no: \_\_\_\_\_  
Account name : \_\_\_\_\_

**VAT Registration No. :** \_\_\_\_\_

Date: \_\_\_\_\_

Lead Provider Signature \_\_\_\_\_