

115 Musgrave Road, 4th Floor, Office No. 408 Musgrave Office Towers, Musgrave 4001

TEL: 078 124 7344 Cell: 060 317 8333

Email: info@mshaziphotographers.co.za

(Lift is inside Musgrave Shopping Centre Next to Nandos)

**DEAR GRADUATES.** Congratulations on your academic achievements. Please note that Mshazi Photographers has been appointed as your official photographer by your institution.

### KINDLY TAKE NOTE OF THE FOLLOWING POINTS

- 1. Due to security reasons graduates are encoraged to pay for their graduation packages before the graduation date.
- 2. Family / studio photographs will be taken 2 hours before the graduation and again after the ceremony.
- 3. No orders will be accepted without full payment.
- 4. Order take up to 30 working days
- 5. NB:Graduates who pay via EFT before their graduation dates are requested to bring their printed proof of payments and their completed order form to Mshazi Photographers desk on the graduation day.

### STAGE PACKAGES AVAILABLE TO ORDER

NB: kindly select/ tick only 1 package



## ADDITIONAL STUDIO OFFER

NB: Please ensure that you order your stage package before selecting studio offer.



|                                 |                       | QTY                                   |  |  |  |  |  |
|---------------------------------|-----------------------|---------------------------------------|--|--|--|--|--|
| 4 EVED 4                        |                       | Insert the required<br>quantity below |  |  |  |  |  |
| 1x EXTRA<br>ADDITIONAL<br>PHOTO | R100.00<br>Each       |                                       |  |  |  |  |  |
|                                 | D400.00               | Insert the required<br>quantity below |  |  |  |  |  |
| 1X FRAME                        | 1x FRAME R100.00 Each |                                       |  |  |  |  |  |
| SUE<br>INCL STAGE               |                       |                                       |  |  |  |  |  |

### **Banking Details**



| Acc Holder | Mshazi Photographers                                |
|------------|---|
| Acc No     | 10158595635   |
| Reference  | MUT & Your Cell Number<br>Example: MUT 078 124 7344 |

NB: A3 (30x40cm) is also available on request



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| FOR        | OFFICE USE ONLY |
|------------|-----------------|
| INVOICE NO | D:              |
|            |                 |
| Photo Ref: |                 |
| ,          |                 |
| ,          |                 |
|            |                 |

# **ORDER FORM**

|                         | <br>  | <br> |         |        |    | <br> | <br> | <br> | <br> |  | <br> |  |
|-------------------------|-------|------|---------|--------|----|------|------|------|------|--|------|--|
| Name                    |       |      |         |        |    |      |      |      |      |  |      |  |
| Surname                 |       |      |         |        |    |      |      |      |      |  |      |  |
| First Contact No:       |       |      | 2nd N   | lo:    |    |      |      |      |      |  |      |  |
| Email                   |       |      |         |        |    |      |      |      |      |  |      |  |
| Graduation Date , , , , | <br>_ | G    | Graduat | ion Ti | me |      |      |      |      |  |      |  |
| College or University   |       |      |         |        |    |      |      |      |      |  |      |  |

NB: THERE IS NO NEED TO EMAIL / FAX THIS ORDER FORM, BRING IT TO **OUR DESK DURING YOUR GRADUATION DAY.** 

Please choose how do you want to to receive your package

| Option | Description                                      | Price           | Select/Choose |
|--------|--|-----------------|---------------|
| Α      | Collect from our office (Musgrave Centre Durban) | No Extra Charge |               |
| В      | PAXI/PEP   | R100.00         |               |
| С      | National Courier                                 | R150.00         |               |

## For Options B Please fill in here.

| PEP/PAXI       | PEP STORE AREA |  |
|----------------|----------------|--|
| STORE LOCATION | PEP STORE CODE |  |

## NB: For Option C Please fiill in the address

| Street name and no: |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
|---------------------|--|--|---|--|--|--|--|--|--|--|--|--|--|--|
| City / Town:        |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Province:           |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Postal Code:        |  |  | ] |  |  |  |  |  |  |  |  |  |  |  |

| I confirm that all the information given is true and correct |
|--|
| Initials & Surname:  |
| Signature:   |
| EOR OFFICE LISE ONLY   |

| FOR OF | FICE U | ISE ONLY |
|--------|--------|----------|
|--------|--------|----------|

| NOTES: |  |  |  |
|--------|--|--|--|
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|        |  |  |  |