

Main Member Personal Details (Please complete your personal details in BLOCK CAPITALS)

Surname: Title: Birth Date:

D	D	M	M	Y	Y	Y	Y
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First Name(s): Gender: Male: Female:

Physical Address: Code:

Telephone: ID Number:

Cell: E-mail:

Member Benefit: R200 000 **motor vehicle** at R149 p.m* R1 000 000 **motor vehicle** at R259 p.m* R200 000 **motorcycle** at R269 p.m*

Your Spouse or Nominated Dependant(s)

Surname: Birth Date:

D	D	M	M	Y	Y	Y	Y
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First Name(s): ID Number:**

Cell**:

Select Benefit: R200 000 **motor vehicle** at R99 p.m* R1 000 000 **motor vehicle** at R147 p.m* R200 000 **motorcycle** at R269 p.m*

Gender: Male: Female:

Surname: Birth Date:

D	D	M	M	Y	Y	Y	Y
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First Name(s): ID Number:**

Cell**:

Select Benefit: R200 000 **motor vehicle** at R99 p.m* R1 000 000 **motor vehicle** at R147 p.m* R200 000 **motorcycle** at R269 p.m*

Gender: Male: Female:

Surname: Birth Date:

D	D	M	M	Y	Y	Y	Y
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First Name(s): ID Number:**

Cell**:

Select Benefit: R200 000 **motor vehicle** at R99 p.m* R1 000 000 **motor vehicle** at R147 p.m* R200 000 **motorcycle** at R269 p.m*

Gender: Male: Female:

Note: If more than 3 dependants need to be added, please use the Additional Dependant Form to provide us with their details.
 *Per Month. **Required field(s) for all dependants over 18

Where did you hear about us?

Guarantee

- Unlimited ER24 emergency medical transportation
- Up to R10 000 emergency room treatment benefit limit
- Up to R200 000 or R1 000 000 in-hospital treatment benefit limit
- Road Accident Fund claims management

Admin Fee

Once off admin fee payable on first debit: R150

Please Note

Send completed application form to sales@accidentangels.co.za

Authority to Debit Account

This signed Authority and Mandate refers to our contract dated the Signature Date below ("the Agreement")
 I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our account at my/our mentioned Bank for any other Bank or branch to which I/we may transfer my/our account on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement, and commencing on the signature date and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated below.

The individual payment instructions so authorised to be issued must be issued and delivered as follows:

- on the selected day ("Payment Day") of the month commencing on signature day. In the event that the Payment Day falls on a Sunday or recognized public holiday, the Payment Day will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds in the (my) nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;
- monthly on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the Banks. I also understand that details of each withdrawal will be printed on my bank statement. The reference number (REANGELS) will be included in the said payment instruction and if provided to me should enable me to identify the Agreement.

A. MANDATE

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned Bank as if the instructions had been issued by me/us personally.

B. CANCELLATION

Should this Authority and Mandate be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

C. ASSIGNMENT

I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

D. FICA DOCUMENTS

A copy of your identity document and confirmation of residence (not older than 3 months from date of signature) is required with this application to comply with FICA.

Surname of Accountholder: Initials:

Name of Bank: Type of Account:

Cheque	Transmission	Savings
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Branch Name: Branch Code:

Account Number:

Please confirm preferred debit order date (Mark chosen option)

Debit date: 1st 7th 15th 25th Last Day Total monthly subscription: R

Signature:

As used for operating on the account

Signed at

Signature Date:

accidentANGELS™ additional dependant(s) form



Note: If more than 3 dependants need to be added, please use the Additional Dependant Form to provide us with their details.

*Per Member **Required field(s) for all dependants over 18

Surname: <input style="width: 95%;" type="text"/> First Name(s): <input style="width: 95%;" type="text"/> Cell**: <input style="width: 95%;" type="text"/> Select Benefit: <input type="checkbox"/> R200 000 motor vehicle at R99 p.m* <input type="checkbox"/> R1 000 000 motor vehicle at R147 p.m* <input type="checkbox"/> R200 000 motorcycle at R269 p.m*	Birth Date: <table border="1" style="border-collapse: collapse; text-align: center; width: 100%;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> ID Number:** <input style="width: 95%;" type="text"/> Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	D	D	M	M	Y	Y	Y	Y
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