



"We manage your crisis"

# MEMBERSHIP APPLICATION FORM

MEMBERSHIP NO.

FOR OFFICE USE ONLY

Reg no. 2002/0249 66/07 – PO BOX 31021 Wonderboompoort 0033 – Marketing Office: (0861) 57 47 47 - Email: marketing@crisoncall.co.za

**COMPLETE ELECTRONICALLY OR PRINT USING BLACK INK**  
**FAX COMPLETED FORM TO (012) 335 1881**  
**FORMS NOT COMPLETED IN BLACK INK WILL NOT BE ACCEPTED**

REFERRED BY NAME / AGENT

NAME	MEMBERSHIP NO.
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HANDLED BY EMPLOYEE

NAME	EMAIL ADDRESS
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## 1. MAIN MEMBER – PERSONAL, MEDICAL, ID WRISTBAND INFORMATION

### Personal Information

FULL NAME & SURNAME  NICK NAME

ID NUMBER  PASSPORT NUMBER  MALE  FEMALE

HOME ADDRESS

City  Province  Code

POSTAL ADDRESS

City  Province  Code

HOME TEL NO.  WORK TEL NO.  CELL NO.

EMAIL Main Member  Spouse

FAX NO.  LANGUAGE Afrikaans  English

### Medical Information

MEDICAL AID NAME  MEDICAL AID PLAN

MEDICAL AID NO.  MEDICAL AID TEL NO.

BLOOD TYPE  A+  A-  B+  B-  AB+  AB-  O+  O-  UNKNOWN

MAJOR OPERATIONS (last 5 years)

ALLERGIES

SPECIAL REQUESTS / DISABILITIES

CHRONIC MEDICATION (IF NECESSARY, USE SEPARATE SHEET AND ATTACH TO THE ORIGINAL APPLICATION)


Mark with X only what is applicable

High blood pressure	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Low blood pressure	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Epilepsy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Low blood sugar	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Diabetes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Kidney failure	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Asthma	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Contact lenses	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
False teeth	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Pacemaker	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Registered as an organ donor	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

### Wristband Identification

YOUR PREFERENCE WOVEN  WOVEN CLIP  **Only one wristband per person allowed. Please choose between woven, clip and rubber wristband. Measurements apply only to rubber wristband.**

RUBBER  RUBBER SIZE 12 cm  14 cm  16 cm  18cm  20 cm  22 cm  24 cm

VERY IMPORTANT: please measure wrist and order the next available size





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## 6. GENERAL INFORMATION IN CASE OF EMERGENCY

RELIGIOUS LEADER (NAME AND SURNAME)		TEL NO.	
DOMESTIC WORKER 1 (NAME AND SURNAME)		TEL NO.	
DOMESTIC WORKER 2 (NAME AND SURNAME)		TEL NO.	
GENERAL PRACTITIONER (NAME AND SURNAME)		TEL NO.	
FIRE STATION (NAME / AREA)		TEL NO.	
POLICE (NAME / AREA)		TEL NO.	
NEXT OF KIN 1 (NOT LIVING WITH YOU)		TEL NO.	
NEXT OF KIN 2 (NOT LIVING WITH YOU)		TEL NO.	
NEIGHBOUR 1 (NAME & SURNAME)		TEL NO.	
NEIGHBOUR 2 (NAME & SURNAME)		TEL NO.	
EXECUTOR (NAME & SURNAME)		TEL NO.	
SECURITY COMPANY		TEL NO.	

## 7. VEHICLE INFORMATION (Roadside Assistance R55 per month per vehicle)

Must be completed by answering YES / NO at Roadside Assistance

Only vehicles marked YES will be entitled to Roadside Assistance with CrisisOnCall.

Vehicles marked NO will be added for information purposes only

	VEHICLE 1	VEHICLE 2	VEHICLE 3	VEHICLE 4
MAKE				
MODEL				
YEAR				
COLOUR				
REG NO.				
INSURANCE NAME				
TEL. NO.				
POLICY NO.				
TRACKING COMPANY				
ROADSIDE ASSISTANCE @ R55 / month	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Number of vehicles on Roadside Assistance

Please complete section 8.5 if YES was answered for Roadside Assistance

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## 8. SERVICES REQUIRED

Mark the appropriate services that you need

### ALPHA SERVICE

1.	ALPHA PACKAGE (COMPULSORY)	@ R115 / Month			R
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### VALUE ADDED SERVICES

2.	HOUSEHOLD ASSISTANCE	@ R40 / Month			R
3.	EXTENDED FAMILY (RESIDING WITH MAIN MEMBER)	@ R55 / Month / Person	NO.	<input type="text"/>	R
4.	DOMESTIC WORKER ASSISTANCE (INDICATE NUMBER OF WORKERS)	@ R38 / Month / Worker	NO.	<input type="text"/>	R
5.	ROADSIDE ASSISTANCE (INDICATE NUMBER OF VEHICLES)	@ R55 / Month / Vehicle	NO.	<input type="text"/>	R
6.	CARAVAN / TRAILER ASSIST (INDICATE NUMBER OF VEHICLES)	@ R55 / Month / Vehicle	NO.	<input type="text"/>	R
7.	TAKE ME HOME	@ R45 / Month			R

(TRANSPORT FROM FUNCTION TO HOME WITH OWN VEHICLE – AVAILABLE FOR METROPOLITAN AREAS ONLY)

8.	TEACHER ON LINE	@ R16 / Month			R
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### TOTAL MONTHLY PREMIUM

A

R

### 9. IDENTIFICATION ITEMS

9.1	WOVEN WRISTBANDS	@ R30 / Band	NO.	<input type="text"/>	R
9.2	RUBBER WRISTBANDS	@ R45 / Band	NO.	<input type="text"/>	R
9.3	WOVEN CLIP WRISTBANDS	@ R45 / Band	NO.	<input type="text"/>	R
9.4	PET TAGS	@ R60 / Tag	NO.	<input type="text"/>	R
9.5	OTHER	Refer to Order Form			R

### 10. DISPATCH OF WRISTBANDS

Collect from ROSEVILLE Offices

FREE

CrisisOnCall cannot be held responsible for any loss of bands due to the negligence of service providers.

Collect from MONUMENT PARK Offices

FREE

Courier

ADDRESS:

### 11. ADMIN FEE – ONCE OFF

@ R200 and R150 for pensioners

R

### TOTAL WRISTBANDS AND ADMIN FEES

B

R

### TOTAL FIRST AMOUNT

A + B

R

AUTHORISATION: I / WE AGREE TO PAYMENT OF ABOVE FEES

PLACE		DATE	YYyy-mm-dd	SIGNATURE	
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Terms &amp; conditions apply

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## 9. PAYMENT AGREEMENT ( TERMS AND CONDITIONS)

I / We understand that membership cannot be cancelled within the first 3 months.

I / We understand that a calendar month's written notice period is required for cancellation. (Send cancellation to members@crisoncall.co.za)

I / We agree to make payments through the following (Mark with X where applicable)

### METHOD OF PAYMENT

DEBIT ORDER

**PLEASE COMPLETE DEBIT ORDER MANDATE (SECTION 10)**

EFT

CASH

YEAR  
PREMIUM

I acknowledge that all payment instructions to be issued in terms of this will be considered by my bank as authorised by myself.

I agree that cancellation of this payment instruction will not automatically cancel the membership.

I'm not entitled to reclaim any amounts that have been paid lawfully in terms of this contract.

CrisisOnCall may not give, cede or delegate this instruction to any third party without my written permission.

I hereby authorise CrisisOnCall to capture and store my personal and medical information on a safe and secure database in order to make it available in an emergency to emergency services in order to provide more efficient service.

I hereby confirm that I understand this contract and voluntarily agree to it,

ACTIVATION DATE OF MEMBERSHIP

DATE

OFFICE USE ONLY  
YYyy-mm-dd

PLACE

DATE

YYyy-mm-dd

SIGNATURE

## 10. AUTHORISATION AND MANDATE FOR PAYMENT INSTRUCTIONS VIA DEBIT ORDER

### A. AUTHORISATION

- I / We authorise CrisisOnCall to issue payment instructions to their banker for collection to draw against my / our bank on the condition that the amount of such payment Instructions will never exceed my obligations as agreed in the agreement.
- The individual payment instructions that have been duly authorised, has to be issued on a monthly / yearly\* (interval) on or after the dates as agreed for payment and the amount may not be higher or less as the mandated amount payable (\*Delete what is not applicable)
- The payment instructions that have been created and authorised has to include my membership number as reference at all times.
- Hereby I / we agree that the monthly debit order will be delivered and deducted on the

1<sup>st</sup>7<sup>th</sup>15<sup>th</sup>26<sup>th</sup>

(mark applicable block)

of every month.

The first payment instruction for amount **A+B R**\_\_\_\_\_ will be issued and delivered during the first month. Thereafter the amount of **A R**\_\_\_\_\_ and will be deducted every month.

This mandate will be in effect until I / We have given written notice of cancellation.

### B. MANDATE

- I / We agree that any payment instructions that have been issued by you will be treated by my / our bank as though I / we have personally given the instruction

### C. CANCELLATION

- I / We agree that although I / we can cancel this mandate and authorisation, it will not cancel the membership. I / We understand that I / we cannot reclaim the amounts that have been deducted from my / our account in terms of this mandate and authorisation if those amounts are legally owed to you.

### D. INSTRUCTION

- I / We agree that the party authorised here-in to make deductions against my / our account my not cede or transfer any of his rights to a third party without the written consent of myself / us and that I / we cannot delegate any of the responsibilities in terms of this contract or authorisation to any third party without the written consent of the authorised party

NOTE: The NAEDO- and/or EFT-user may add to the above minimum conditions.

ACCOUNT HOLDER (Name & Surname)		TYPE OF ACCOUNT	Cheque	Savings	Transmission
BANK NAME		BRANCH NAME			
ACCOUNT NUMBER		BRANCH CODE			
MEMBER NUMBER (Office use)		DATE	dd	mm	yyyy
PLACE		SIGNATURE			