

Service fee at R180.00 per annum, per vehicle or bracelet
Bracelets available at R130.00 each including shipping - All prices include 14% VAT
 Please print clearly. This information remains confidential and is only to be used in the event of an emergency.

REGALERT APPLICATION FORM

(Tick) Bracelet Vehicle

Personal Details

Surname Title
 Known name
 ID number Or passport number
 Mobile phone number Sex (Tick) M F
 Home telephone number
 Work telephone number HPCS number (EMS Only)
 Fax number EMS Base
 Employer
 Email address
 Postal address
 Postal Code

Medical Aid Details (if applicable)

Name of current medical aid
 Medical aid policy number
 Plan type
 Date of inception y y y y m m d d
 Are you the principal member Y N

Allergies – Conditions – Chronic Medication - if any

Allergies	Conditions	Chronic Medication
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Blood type
 Blood donor Y N
 Organ donor Y N

If there is insufficient space above please attach an annexure with your application form

Any religious or other requirements (if applicable) _____

Emergency Contacts

Name of contact	Relation to member	Mobile phone number
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>

Motor Vehicle Details

Vehicle number plate Vehicle insurer
 Vehicle make Insurance Policy Number
 Vehicle model
 Vehicle colour

Banking and Payment Details

Please phone for banking details:

Acceptance of Standard Terms and Conditions

I (the applicant) certify that the information contained herein is true and correct and that I have read and agreed to the terms and conditions on the reverse side of this application form.

Signature of applicant _____ Date _____