CRISIS ONCALL

"We manage your crisis"

MEMBERSHIP APPLICATION FORM

MEMBERSHIP NO.

FOR OFFICE USE ONLY

Reg no. 2002/0249 66/07 – Postnet Suite 250, Private Bag X8, Elarduspark, 0181 – Number: (0861) 57 47 47
Email: hello@crisisoncall.co.za

COMPLETE IN PRINT USING BLACK INK

E-MAIL COMPLETED FORM TO hello@crisisoncall.co.za

ONLY FORMS COMPLETED IN BLACK INK WILL BE ACCEPTED

REFERRED BY NAME / AGENT	NAME	MEMBERSHIP NO.
HANDLED BY EMPLOYEE	NAME	EMAIL ADDRESS

1. MAIN MEMBER – PERSONAL, MEDICAL, ID WRISTBAND INFORMATION

Personal Information

TITLE SURNAME FULL NAMES

ID NUMBER PASSPORT NUMBER NICK NAME

HOME ADDRESS

City Province Code

POSTAL ADDRESS

City Province Code

HOME TEL NR. WORK TEL NR. CELL NR.

FAX NR. LANGUAGE Eng Afr E-mail

ARE YOU INTERSTED IN RECEIVING OUR MONTHLY NEWSLETTER? Yes No

Medical Information

MEDICAL AID NAME MEDICAL AID PLAN

MEDICAL AID NR. MEDICAL AID TEL NR.

WRISTBAND NR. SEX MALE FEMALE

6 @CO8 ; FCUD	A+	A-	B+	B-	AB+	AB-	O+	O-	UNKNOWN

Mark only what is applicable below with a tick mark. If not applicable, leave the block open.

High blood Pressure	Contact Lenses	Epilepsy	Asthma	False Teeth	Diabetes	Pace Maker
Low Blood sugar	Kidney Failure		Low Blood Pressure	Hearing Impaired	Dementia	Porphyria

SPECIAL REQUESTS / DISABILITIES

MAJOR OPERATIONS (past 5 years)

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

ALLERGIES

PLEASE COMPLETE THE FOLLOWING FIELDS ONLY IF DIFFERENT FROM THE FAMILY INFORMATION AS IN SECTION 7

NEXT OF KIN (Not residing with you) TEL NR.

DOCTOR TEL NR.

ARE YOU INTERESTED IN THE PROTECT ME PLUS PRODUCT AT R30 PER PERSON PER MONTH? Yes

Identification Items

Only one item is allowed per person. Form is part of the application form. Please look on the website www.crisisoncall.co.za or contact the office for examples.

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2. SPOUSE – PERSONAL, MEDICAL, ID WRISTBAND INFORMATION

Personal Information

WRISTBAND NR | SURNAME | SEX M F

FULL NAMES | ID NUMBER

PASSPORT NUMBER | NICK NAME | CELL NR.

HOME TEL NR. | WORK TEL NR.

RELATIONSHIP TO MAIN MEMBER | E-MAIL

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

Mark only what is applicable below with a tick mark. If not applicable, leave the block open.

High blood Pressure	Contact Lenses	Epilepsy	Asthma	False Teeth	Diabetes	Pace Maker
Low Blood sugar	Kidney Failure		Low Blood Pressure	Hearing Impaired	Dementia	Porphyria

SPECIAL REQUESTS / DISABILITIES

MAJOR OPERATIONS (past 5 years)

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

ALLERGIES

D`YUgY`Wca d`YhY`BYxhcZ?]b (not residing with you)`UbX`8cWhcf`]bZcfa Uhjcb`cb`m]ZX]ZZYfYbh`Zca `ZUa ]`m]bZcfa Uhjcb`]b`GYWhjcb`+

NEXT OF KIN | TEL NR.

DOCTOR | TEL NR.

MEDICAL AID NAME | MEDICAL AID PLAN

MEDICAL AID NR. | MEDICAL AID TEL NR.

ARE YOU INTERESTED IN THE PROTECT ME PLUS PRODUCT AT R30 PER PERSON PER MONTH? Yes

Identification Items

Only one item is allowed per person. Form is part of the application form. Please look on the website www.crisisoncall.co.za or contact the office for examples.

3. FIRST DEPENDANT – PERSONAL, MEDICAL, ID WRISTBAND INFORMATION

Personal Information

WRISTBAND NR | SURNAME | SEX M F

FULL NAMES | ID NUMBER

PASSPORT NUMBER | NICK NAME | CELL NR.

HOME TEL NR. | WORK TEL NR.

RELATIONSHIP TO MAIN MEMBER

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

Mark only what is applicable below with a tick mark. If not applicable, leave the block open.

High blood Pressure	Contact Lenses	Epilepsy	Asthma	False Teeth	Diabetes	Pace Maker
Low Blood sugar	Kidney Failure		Low Blood Pressure	Hearing Impaired	Dementia	Porphyria

SPECIAL REQUESTS / DISABILITIES

MAJOR OPERATIONS (past 5 years)

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

ALLERGIES

D`YUgY`Wca d`YhY`BYxhcZ?]b (not residing with you)`UbX`8cWhcf`]bZcfa Uhjcb`cb`m]ZX]ZZYfYbh`Zca `ZUa ]`m]bZcfa Uhjcb`]b`GYWhjcb`+

NEXT OF KIN | TEL NR.

DOCTOR | TEL NR.

MEDICAL AID NAME | MEDICAL AID PLAN

MEDICAL AID NR. | MEDICAL AID TEL NR.

ARE YOU INTERESTED IN THE PROTECT ME PLUS PRODUCT AT R30 PER PERSON PER MONTH? Yes

Identification Items

Only one item is allowed per person. Form is part of the application form. Please look on the website www.crisisoncall.co.za or contact the office for examples.

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4. SECOND DEPENDANT – PERSONAL, MEDICAL, ID WRISTBAND INFORMATION

Personal Information

WRISTBAND NR SURNAME SEX M F

FULL NAMES ID NUMBER

PASSPORT NUMBER NICK NAME CELL NR.

HOME TEL NR. WORK TEL NR.

RELATIONSHIP TO MAIN MEMBER

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

Mark only what is applicable below with a tick mark. If not applicable, leave the block open.

High blood Pressure	Contact Lenses	Epilepsy	Asthma	False Teeth	Diabetes	Pace Maker
Low Blood sugar	Kidney Failure		Low Blood Pressure	Hearing Impaired	Dementia	Porphyria

SPECIAL REQUESTS / DISABILITIES

MAJOR OPERATIONS (past 5 years)

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

ALLERGIES

D`YUgY`Wta d`Yh`BYxhcZ?]b`(not residing with you) UbX`8cWfcf`]bZcfa Uh]cb`cb`m]ZX]ZZYfYbhZca`ZUa`]`m]bZcfa Uh]cb`]b`GYWh]cb`+

NEXT OF KIN TEL NR.

DOCTOR TEL NR.

MEDICAL AID NAME MEDICAL AID PLAN

MEDICAL AID NR. MEDICAL AID TEL NR.

ARE YOU INTERESTED IN THE PROTECT ME PLUS PRODUCT AT R30 PER PERSON PER MONTH? Yes

Identification Items

Only one item is allowed per person. Form is part of the application form. Please look on the website www.crisisoncall.co.za or contact the office for examples.

5. THIRD DEPENDANT – PERSONAL, MEDICAL, ID WRISTBAND INFORMATION

Personal Information

WRISTBAND NR SURNAME SEX M F

FULL NAMES ID NUMBER

PASSPORT NUMBER NICK NAME CELL NR.

HOME TEL NR. WORK TEL NR.

RELATIONSHIP TO MAIN MEMBER

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

Mark only what is applicable below with a tick mark. If not applicable, leave the block open.

High blood Pressure	Contact Lenses	Epilepsy	Asthma	False Teeth	Diabetes	Pace Maker
Low Blood sugar	Kidney Failure		Low Blood Pressure	Hearing Impaired	Dementia	Porphyria

SPECIAL REQUESTS / DISABILITIES

MAJOR OPERATIONS (past 5 years)

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

ALLERGIES

D`YUgY`Wta d`Yh`BYxhcZ?]b`(not residing with you) UbX`8cWfcf`]bZcfa Uh]cb`cb`m]ZX]ZZYfYbhZca`ZUa`]`m]bZcfa Uh]cb`]b`GYWh]cb`+

NEXT OF KIN TEL NR.

DOCTOR TEL NR.

MEDICAL AID NAME MEDICAL AID PLAN

MEDICAL AID NR. MEDICAL AID TEL NR.

ARE YOU INTERESTED IN THE PROTECT ME PLUS PRODUCT AT R30 PER PERSON PER MONTH? Yes

Identification Items

Only one item is allowed per person. Form is part of the application form. Please look on the website www.crisisoncall.co.za or contact the office for examples.

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6. VEHICLE INFORMATION (Roadside Assistance R59 per month per vehicle)

Please note: Vehicle refers to motor vehicle, trailer or caravan

	VEHICLE 1	VEHICLE 2	VEHICLE 3	VEHICLE 4
ROADSIDE ASSISTANCE * @ R59 / month	YES [ ] NO [ ]	YES [ ] NO [ ]	YES [ ] NO [ ]	YES [ ] NO [ ]

* Mandatory Field

MAKE				
MODEL				
COLOUR				
YEAR				
REG NR.				
TRACKING COMPANY				
INSURANCE COMPANY				
TEL NR.				
POLICY NR.				

Only vehicles marked YES for roadside assistance will be eligible for roadside assistance benefits. Vehicles marked NO will only be listed for information purposes,

Number of vehicles on Roadside Assistance [ ]

Please complete section 8.5 if YES for Roadside Assistance

7. 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.	
SHORTTERM INSURANCE (HOUSE AND GENERAL)		TEL NO.	

MEMBERSHIP NR. | | | | | | | | |

8. IDENTIFICATION ITEMS

Identification Item List (Go to website www.crisisoncall.co.za or contact office for examples of the items)

Item	Colour	Code	Price
Woven Wristband	Blue and Yellow	WW1	R45 Each
	Black and White	WW2	
Woven Clip Wristband	Blue and Yellow	WC1	R55 Each
	Black and White	WC2	
Rubber Available sizes: 12cm (RW12), 14cm (RW14), 16cm (RW16), 18cm (RW18), 20cm (RW20), 22cm (RW22), 24cm (RW24) Measure size of wrist and select next available size	Blue and Yellow	RW12 RW14 RW16 RW18 RW20 RW22 RW24	R60 Each
Rubber Elite	Purple	E1	R310 Each
	Dark Blue	E2	
	Yellow	E3	
	Green	E4	
	Pink	E5	
	Black	E6	
	White	E7	
	Red	E8	
Rubber Elite Pinstripe	Black with Red Stripe	EP1	R330 Each
	Black with BlueStripe	EP3	
	Black with Green Stripe	EP4	
	Pink with White Stripe	EP5	
	Black with White Stripe	EP6	
Pet Tag		PT1	R30 Each
Member Card		LK	R30 Each

Identification Item Order			
Name	Colour	Code	Price
		Total	

1. CrisisOnCall and service providers accepts no responsibility for any damage, injury or loss that may be the result of the choice of the member and/or family to not wear their identification items at all times.
2. CrisisOnCall and it's service providers accepts no responsibility for any damage, injury or loss that may be the result of incorrect or insufficient information with regards to any members of the family.
3. Do not wear each other's wristbands under any circumstances.

Please Note: Delivery of wristbands are included in the administration fee with joining. Any subsequent delivery is payable by the member.

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8. SERVICES REQUIRED

Mark the appropriate services that you need

ALPHA SERVICE

1.	ALPHA PACKAGE (COMPULSORY)	@ R129 / Month		R

VALUE ADDED SERVICES

2.	HOUSEHOLD ASSISTANCE	@ R48 / Month		R
3.	EXTENDED FAMILY (RESIDING WITH MAIN MEMBER)	@ R64 / Month / Person	NO.	R
4.	DOMESTIC WORKER ASSISTANCE (INDICATE NUMBER OF WORKERS)	@ R43 / Month / Worker	NO.	R
5.	ROADSIDE ASSISTANCE (INDICATE NUMBER OF VEHICLES)	@ R59 / Month / Vehicle	NO.	R
6.	CARAVAN / TRAILER ASSIST (INDICATE NUMBER OF VEHICLES)	@ R59 / Month / Vehicle	NO.	R
7.	TAKE ME HOME	@ R65 / Month		R

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

8.	TEACHER ON LINE	@ R22 / Month		R
9	PROTECT ME PLUS	@ R30 / Month / Person	NO.	R

TOTAL MONTHLY PREMIUM **A** **R**

A

10	IDENTIFICATION ITEMS			
10.1	As per order form on previous page			R
11	DISPATCH OF ITEMS	Collect from MONUMENTPARK Offices		FREE
		Courier		ADDRESS:

CrisisOnCall indemnifies itself from loss of items due to negligence of service providers

11.	ADMIN FEE – ONCE OFF	Non-Pensioners @ R230	R
		Pensioners @ R180	R

TOTAL WRISTBANDS AND ADMIN FEES **B** **R**

B

TOTAL FIRST AMOUNT **A + B** **R**

AUTHORISATION: I / WE AGREE TO PAYMENT OF ABOVE FEES

PLACE		DATE	YYyy-mm-dd	SIGNATURE	

Terms & conditions apply

MEMBERSHIP NO.

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@crisisoncall.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)**

MONTHLY PREMIUM ☐ YEAR PREMIUM ☐

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

1. 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.
2. 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)
3. The payment instructions that have been created and authorised has to nclude my membership number as reference at all times.
4. Hereby I / we agree that the monthly debit order will be delivered and deducted on the

1 st	7 th	15 th	26 th

(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. Member fees as revised yearly and amended accordingly on 1 March. Ad hoc costs may for identification items may be added to the debit order from time to time with permission from the member.

B. MANDATE

5. 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

6. 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

7. 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.

E. BANK ACCOUNT REFERENCE

8. I / we take note that the bank reference number on our statement will show: COC ABC001234 (COC followed by member number)

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

CRISISONCALL CONTACT DETAILS FOR MEMBER ENQUIRIES: e-pos: members@crisisoncall.co.za Telefonies: 0861 574747

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