

APPLICATION FORM



PERSONAL DETAILS

TITLE:	FULL NAMES:	SURNAME:	
DATE OF BIRTH:	ID NUMBER:	OCCUPATION:	
PHYSICAL ADDRESS:			
POSTAL ADDRESS:			
CELL NUMBER:	HOME TELEPHONE:	WORK TELEPHONE:	EMAIL ADDRESS:

COMPANY DETAILS (IF APPLICABLE)

NAME OF COMPANY:	TELEPHONE:	EMAIL ADDRESS:
REGISTRATION NUMBER:	VAT NUMBER:	
PHYSICAL ADDRESS:		CODE:
POSTAL ADDRESS:		CODE:

FAMILY DETAILS

NUMBER OF DEPENDANTS:	NEXT OF KIN:	
FULL NAME:	SURNAME:	ID NUMBER:
FULL NAME:	SURNAME:	ID NUMBER:
FULL NAME:	SURNAME:	ID NUMBER:
FULL NAME:	SURNAME:	ID NUMBER:

NOMINATED EMERGENCY CONTACTS

FULL NAME:	SURNAME:	CONTACT NUMBER:
FULL NAME:	SURNAME:	CONTACT NUMBER:
FULL NAME:	SURNAME:	CONTACT NUMBER:

APPLICATION FORM



MEDICAL AID DETAILS (MAIN APPLICANT)

MEDICAL AID:	MEMBER NUMBER:	MAIN MEMBER:
--------------	----------------	--------------

PRODUCT PRICING

<input type="checkbox"/>	R400.00 per month for family of 5 (Including VAT) 1 Year contract minimum.
<input type="checkbox"/>	R123.00 per month per person hereafter Number of individuals exceeding 5: <input type="text"/>

ADDITIONAL PERSONS

FULL NAME:	SURNAME:	ID NUMBER:
FULL NAME:	SURNAME:	ID NUMBER:
FULL NAME:	SURNAME:	ID NUMBER:
FULL NAME:	SURNAME:	ID NUMBER:
FULL NAME:	SURNAME:	ID NUMBER:

FIRST AID KIT DELIVERY ADDRESS (R1500 ONCE-OFF) YES ☐ NO ☐

PHYSICAL ADDRESS:	CODE:
CONTACT PERSON:	CELLPHONE:

PAYMENT INFORMATION

I hereby authorise AFGRI Insurance Brokers (Pty) Ltd to deduct the premium from my bank account. I agree that variations can be made if I am given 30 days written notice of the general increase of the monthly cost. I understand that my policy documents will be supplied to me and it's full Terms, Conditions and Exclusions will apply. I understand that the information I provide will be used to administer my insurance and it may also be used by AFGRI Insurance Brokers (Pty) Ltd to tell me about other products and services which may be of interest to me.

BANK/INSTITUTION:	ACCOUNT NUMBER:	TYPE OF ACCOUNT:
BRANCH CODE:	ACCOUNT HOLDERS NAME:	SIGNATURE:

APPLICATION FORM



TERMS AND CONDITIONS | DECLARATION

This application is subject to the ResQ Legal and Life Support Terms and Conditions applicable to the ResQ Legal and Life Support service. By completing this application, you confirm that you have read, understood and agree to be bound by the Terms and Conditions, and you warrant that the Information you provide herein is true and correct.

Please contact ResQ Legal and Life Support on **(+27) 11 063 2347** if you require more information regarding the application process, or visit our website. www.resqapp.co.za

ResQ Legal and Life Support cares about you and your loved ones.

Please familiarise yourself with the ResQ Legal and Life Support Service and the detailed Terms and Conditions that are also available on our website, as they contain important information. Please visit our website to read our Privacy Notice and see how we comply with the Protection Of Personal Information Act (POPIA). This includes what we collect in terms of personal information, why we collect it, how we collect it and what it is used for ("Privacy Policy"). By using/subscribing to our services and/or our Website and/or our ResQ Legal and Life Support app, you agree to the terms set out in the Privacy Policy. You agree that we may process your personal information for, amongst other things, (i) the purposes of providing you with access to our Products/Services, our Website and/or our ResQ Legal and Life Support App; and (ii) for any other purposes set out in the Privacy Policy.

Your contract is effective from the date the first payment has been received. Your monthly subscription will be paid in advance and your first payment will be calculated on a pro rata basis from date of activation AND first payment. If the payment day falls on a Sunday or public holiday, the payment day will be the next business day. Should you have insufficient funds in your account for the debit order amount, ResQ Legal and Life Support may attempt to debit your account as soon as sufficient funds become available. ResQ Legal and Life Support's name and account number will reflect on your bank statement as reference of payment. You may cancel this debit order authority, but it will not result in cancellation of the contract.

If an amount was legally owing to ResQ Legal and Life Support, you will not be entitled to a refund while this debit order authority was in force. Your ResQ Legal and Life Support Services will be suspended if you have any outstanding payments due and your account may be assigned to an external debt collecting agency. We will not allow any person to make changes to your ResQ Legal and Life Support account unless we have written authority from you to do so. It is important that you read and understand the ResQ Legal and Life Support Terms and Conditions which you will also find on the ResQ Legal and Life Support website.

By signing the below, you acknowledge that you understand and agree to this declaration.

NAME AND SURNAME:

DATE:

SIGNATURE