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Oakdale
Bellville 7530
P.O.BOX 2914
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info@bassettalarms.co.za
www.secumed.co.za

SEC-U-MED
We have you cycling covered!

NORTH GUARDING

CSID NR.		DATE:	
CONSULTANT			

SERVICE AGREEMENT between NORTH GUARDING; SEC-U-MED and

NOTE: PLEASE WRITE NEATLY IN BLOCK LETTERS

TITLE:		FIRST NAME:		SURNAME:	
I.D. NUMBER:					
EMAIL ADDRESS:					
PRIM CELL NUMBER			ALT NUMBER		
ADDRESS					
				POST CODE	
NEXT OF KIN:	1		CELL:		
	2		CELL:		
	3		CELL:		

PASSWORD:	
10 CHARACTERS	

SAFETY-SECURITY-MEDI SUPPORT-MECHANICAL ASSISTANCE

all at the PUSH of a button when on the trail n THE ZONE.

PLEASE INDICATE IF YOU WOULD LIKE TO RECEIVE INFORMATION FROM US VIA EMAIL	YES		NO

SIGNATURES PLEASE ENSURE THAT ALL THE DETAILS CONTAINED IN THIS DOCUMENT ARE CORRECT. YOU SHOULD ONLY SIGN THIS DOCUMENT IF YOU ARE PREPARED AND ABLE TO KEEP TO IT'S LEGAL TERMS AND CONDITIONS. BY YOUR SIGNATURE TO THIS AGREEMENT YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS AGREEMENT.

CUSTOMER SIGNATURE	DATE:	CONSULTANT SIGNATURE
PLEASE PRINT NAME		PLEASE PRINT NAME

DEBIT ORDER INSTRUCTION (by account holder)

FIRST NAME		AMOUNT (inc VAT)
SURNAME		
BANK NAME		

I/WE AUTHERISE NORTH GUARDING TO DEBIT MY BANK ACCOUNT AS PER DETAILS PROVIDED WITH THE RELEVANT PAYMENTS AS PER THIS SERVICE AGREEMENT DEBIT ORDER DUE DATE BEING THE LAST BUSINESS DAY OF THE MONTH COMENCING MONTH END_____20_____

ACCOUNT TYPE		SIGNATURE
BRANCH CODE		
	ACCOUNT NUMBER	