36 Bloemhof Street
Oakdale
Bellville 7530
P.O.BOX 2914
Durbanville 7551
info@secumed.co.za
www.secumed.co.za

SEC-U-MED
We have you cycling covered!

NORTH GUARDING

CSID NR.		DATE:	14092017
CONSULTANT			

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

NOTE: PLEASE WRITE NEATLY IN BLOCK LETTERS

TITLE:	MR/MRS	FIRST NAME:		SURNAME:	
I.D. NUMBER:					
EMAIL ADDRESS:					
CELL NUMBER	0816516992	HOME NUMBER			
ADDRESS		POST CODE	7550		

PASSWORD:	
10 CHARACTERS	

SAFETY-SECURITY-MEDI SUPPORT-MECHANICAL ASSISTANCE

all at the PUSH of a button when on the trail in 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 AGREE YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTOOD THE TERMS OAND CONDITIONS OF THIS AGREEMENT

CUSTOMER SIGNATURE	DATE: 01342018	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 ACCOUNTAS 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_____2018

ACCOUNT TYPE		SIGNATURE
BRANCH CODE		
	ACCOUNT NUMBER	
	9100471588461 6	