

AAA RESPONSE MEMBERSHIP FORM

Please complete the below form in BLOCK LETTERS.

• **Page 1 - 2 are mandatory** in order to complete your application •

- Page 3 - 4 are optional but will better aid us in supporting you during an emergency •

PERSONAL DETAILS

[illegible]

CONTACT DETAILS

[illegible]

RESIDENTIAL ADDRESS DETAILS

[illegible]

EMERGENCY CONTACT DETAILS (1)

[illegible]

BANKING DEBIT ORDER INSTRUCTIONS

Monthly Membership fee							\$		
Once Off Fee							\$		

I/We request and authorize you to debit **my/our** account on the

25th

1st

7th

15th

at the **bank/branch** mention below. **My/Our** account details for payment are as follows:

BANK ACCOUNT DETAILS

[illegible][illegible]

I hereby grant authority to Trackbox Technologies (Pty) Ltd to act on my behalf and activate the Electronic mandate, which will initiate the Debit Order as per this signed document.

TERMS AND CONDITIONS (AGREEMENT)

The signed Authority and Mandate refers to our contract as dated on signature hereof ("the agreement"). **I/We** hereby authorise you to issue and deliver payment instructions to the bank for collection against **my/our** above mentioned account at **my/our** above mentioned bank (or any other bank or branch to which **I/We** transfer **my/ our** account) on condition that the sum of any outstanding amount on my account, and commencing on the date stipulated and continuing until this Authority and Mandate is terminated by **me/us** by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your email address indicated above.

The individual payment instructions so authorised must be issued and delivered as follows;

On the (25th/1st/7th/ 15th) day ('payment day') of each and every month commencing on	D	D	M	M	Y	Y	Y	Y
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In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the ordinary business day prior to the payment day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account.

I/We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. **I/We** shall not be entitled to any refund of the amount which you have withdrawn while this authority was in force, if such amount was legally owing to you.

MANDATE

I/**We** acknowledge that all payment instructions issued by you shall be treated by **my/our** abovementioned bank as if the instructions had been issued by **me/us** personally.

CANCELLATION

I/We agree that although this Authority and Mandate may be cancelled by **me/us**, such cancellation will not nullify the Agreement. **I/We** shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

LIABILITY

It is expressly agreed that the services rendered are for the purpose of preventing or minimizing the loss or damage to property and injury to persons by means of crime, emergency situations or medical problems and the Contractor gives no guarantee that such services will be able to prevent or minimise such loss, damage or injury. It is therefore agreed that the TrackBox Technologies (Pty) Ltd and its service delivery partners and associates will not be held responsible for any loss, damage, injury or consequential loss of whatsoever nature arising from crime, emergency situations or medical problems. The client and/or members indemnify TrackBox Technologies (Pty) Ltd and all of its service delivery partners and associates against any claim of a third party, regarding legal liability arising out of TrackBox Technologies (Pty) Ltd and all of its service delivery partners' acts or omissions.

Signed at													on this			day of											2	0	Y	Y
Name of Signatory																														
Authorised Signature																														

TRACKBOX TECHNOLOGIES (PTY) LTD

PO Box 37, Gillitts, 3603 | Unit 4, Burnside Office Park, 1 Builders Way, Hillcrest, 3610, KwaZulu-Natal, South Africa
VAT Number 4790237624 | **Company Registration Number** 2017/227208/07 | **PSIRA Registration Number** 1711922

PERSONAL DETAILS

Colour Photo	Home Language																	Ethnicity										
	Height		Weight		Body Type (Helicopter EVAC & Drug Administration)										60KG		60-90KG		90-110KG		110KG+							
	Eye Colour										Glasses	Y		N		Hair Colour												

EMERGENCY CONTACT DETAILS (1)

Title		Surname																									
Name																		Relationship									
D.O.B or ID Number																											
Personal Cell No.												Work Cell No.															
Email Address																											
Residential Address																											

EMERGENCY CONTACT DETAILS (2)

Title		Surname																									
Name																		Relationship									
D.O.B or ID Number																											
Personal Cell No.												Work Cell No.															
Email Address																											
Residential Address																											

POSTAL ADDRESS DETAILS

PO Box																											
Post Office																		Postal Code									

HOLIDAY HOME ADDRESS DETAILS

Unit No.		Complex (if applicable)																									
Street No.		Street/Farm Name																									
Suburb/District																											
City/Town																		Postal Code									

WORK ADDRESS DETAILS

Unit No.		Complex (if applicable)																								
Street No.		Street/Farm Name																								
Suburb/District																										
City/Town																		Postal Code								

SECURITY COMPANY DETAILS

Name																									
Cell No.																									

MEDICAL DETAILS

Medical Aid Provider																									
Policy Number													Medical Aid Contact No.												
Name of Doctor													Doctor Contact No.												
Name of Specialist													Specialist Contact No.												
Blood Group													Jewish (No blood Card)	Y		N		Organ Donor	Y		N				
Disabilities	Y		N		(If Yes please provide more information)																				
Medical Conditions																									
Allergies																									

CHRONIC DETAILS

Condition	Medication	Dosage

VEHICLE DETAILS (1)

Make													Model (Series)								
Body Type e.g. Sedan													Year	D	D	M	M	Y	Y	Y	Y
Colour													Registration								
Engine/VIN Number (optional)																					
Chassis Number (optional)																					
Tracking Company																					
Policy No.													Contact No.								

VEHICLE DETAILS (2)

Make													Model (Series)								
Body Type e.g. Sedan													Year	D	D	M	M	Y	Y	Y	Y
Colour													Registration								
Engine/VIN Number (optional)																					
Chassis Number (optional)																					
Tracking Company																					
Policy No.													Contact No.								