



SECTION 21 CO. REG. NO: 2010/008010/08

Practice Number: 0090020435945

PBO Number: 930042297

RESCUE 99

Application and Contract of membership for services - Individual

Please ensure all fields are filled in before submission.

	NAME	SURNAME	Identity Number/DOB
Main Member			
Dependent 1			
Dependent 2			
Dependent 3			

Additional Dependents-

Dependent 4			
Dependent 5			
Dependent 6			

Total No of dependents		
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E Mail address	
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Street address details

Unit/ Street No		Street name	
Suburb		City	
Code			

Postal Address if different from Street address

Po Box No	
Area/Suburb	
City	
Code	

Contact Details in case of emergency.

	<u>Landline</u>	<u>Cellphone</u>
<u>Main</u>		
<u>Second contact</u>		

Terms and Conditions

I/we agree to the following terms and conditions.

- This **is not a medical aid**, but an ambulance and emergency response cover to assist you, your family or employee in times of need during an emergency OR injury whereby you will be treated and transported to a medical facility with one of Rescue 786 private ambulances by our dedicated qualified personnel.
- This service includes Rescue 786 coming out to the scene, assessing the patient or injured person and ambulance transport with our private ambulance service to a Private or Government facility within Johannesburg if so deemed necessary.
- Should you be on medical aid, we will transport you to a private clinic if you so request. (Medical Aid details to be provided) before we transport you in order for us to obtain medical aid authorization for this.
- Should you not be on medical aid, we will assess you and if need be, we will transport you to the nearest Government hospital within Johannesburg.
- If you are an employee and you are injured at work or whilst on duty (IOD) We will assess you and transport you to the nearest private facility provided that you employer is registered with Workmen's compensation and has a letter of good standing. This to be supplied to us on scene.
- If your employer is not registered with Workmen's compensation and you are a Rescue 99 Member, we will assess you and transport you to the nearest Government Hospital at no additional cost.
- This service offering is only available within Greater Johannesburg and service will only be rendered in Greater Johannesburg.
- Should you wish to be transported to a facility of your choice outside Johannesburg, a fee of R950.00 will apply within a 40 km radius. Thereafter R20.00 PER KILOMETRE will be levied.
- There are no age limitations.
- NO medical examination is required to sign up.
- The above is subject to a 12 month contract.
- A debit order will be signed.
- A once off administration fee of R100.00 rand will levied against your 1st month debit order.
- Should you cancel within the 12 month period, you will be liable for the remaining balance of months outstanding on this contract. This will be debited as a once off payment upon cancellation.
- "The member/s indemnifies and holds harmless , Rescue 786 Ambulance Services, its, directors, officers ,agents and employees from any claim, liability , loss, injury, damages of whatsoever nature arising out of , or in connection with the services rendered by its personnel ,employees, agents, or subcontractors as envisaged under these Terms and Conditions, excepting only for loss, injury or damages caused by the sole gross negligence or willful conduct of such personnel ,employees, agents, or subcontractors."
- Initial all pages and final signature on last page.

Rescue 786 Ambulance Services NPC T/A Rescue 786 Ambulance Services
Authority and Mandate for payments Instruction: Electronic and Written Mandates

Given by (name of Accountholder): _____
Address: _____
Bank: _____
Branch and Code: _____
Account Number: _____
Type of Account: Current (cheque) / Savings / Transmission
Amount: _____
Date: _____
Contact Number: _____

Abbreviated Name as Registered with the Bank: **RESCUE 786**

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement").
I / We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my / our abovementioned account at my / our above-mentioned Bank (or any other bank or branch to which I / we may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement and commencing on _____ and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day.

Payment Instructions due in December may be debited against my account on _____

I / We understand that the withdrawals hereby authorized 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.

Mandate

I / We acknowledge that all payment instructions issued by you shall be treated by my / our above-mentioned Bank as if the instructions have 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 cancel 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.

Assignment

I / We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____

(Signature as used for operating on the account)

_____ Agreement reference number is _____

(Assisted by)

Name of Applicant/Authorized person/s: _____

Signature of applicant/Authorized person/s: _____

Date: _____ Place: _____ Time: _____

Witness 1 Name: _____ Signature: _____

FOR OFFICE USE

<u>Application accepted</u>		
<u>Contract signed</u>		
<u>Total number of Members</u>		
<u>Membership NO.</u>		
<u>System Load</u>		
<u>Card issue</u>		
<u>Debit order Loaded</u>		
<u>Processed</u>		

SPECIAL NOTES
