



AGENT DETAILS	
NAME & SURNAME	
IDENTITY NUMBER	
CONTACT NUMBER	

APPLICATION FORM

Please fax or e-mail application form through for processing.

Fax: (012) 379 5299 | Tel: (012) 379 5233 | E-mail: info@bestcareline.co.za | www.bestcareline.co.za

Welcome the Best Careline Identification! Please fill in this application form and send it through to us for processing. Please make sure that all the information that you supply in this application form is correct.

PERSONAL INFORMATION (MAIN MEMBER):

Mr.	Mrs.	Miss.	Ms.	Dr.	Prof.	Other
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GENDER	Male	Female
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Full Name(s)													
Surname													
ID Number													
Date of Birth													

CONTACT INFORMATION (MAIN MEMBER):

Cell: ()	E-Mail:
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HOME	
Tel: ()	Fax: ()
WORK	
Tel: ()	Fax: ()

ADDRESS		Code
Home		
Postal		

ADDITIONAL MEMBERS (USING THE SAME ADDRESS AS THE MAIN MEMBER):

[5 ALLOWED PER APPLICATION]

	Name	Surname	ID Number
1			
2			
3			
4			
5			

CONTACT INFORMATION OF ADDITIONAL MEMBERS:

	Cell	Tel	Email	OFFICE USE ONLY
1				OFFICE USE
2				
3				
4				
5				

CHARGES

- Application fee R30.00 once off
- Monthly Fee (Main Member) R60.00 per annum
- Monthly Fee (Additional Member) R36.00 per annum per member
- Emergency Identification Arm Band (Initial band) R30.00 per arm band (Woven/Silicone)
- Emergency Identification Arm Band (Initial band) R230.00 per arm band (ICE-ID)
- Emergency Identification Arm Band (If lost or broken) R30.00 per arm band (Woven/Silicone)
- Emergency Identification Arm Band (If lost or broken) R230.00 per arm band (ICE-ID)
- Courier Costs Dependent on postal address & parcel size
- Update of information FREE
- Adding additional members after application FREE



METHOD OF PAYMENTS: (Tick appropriate option)

- Cash
- Stop Order
- Electronic Transfer (EFT)
- Bank Deposit

WHICH WRISTBANDS DO YOU PREFER? (DEPENDING ON AVAILABILITY)

- Woven Wristbands (Weaved wristbands are adjustable in size)
- Silicone Wristbands (Silicone wristbands comes in five standard sizes)
- ICE-ID Silicone with Metal (ICE-ID Tags are adjustable in size)

Additional banking costs may be charged, depending on your bank.

BANKING DETAILS

**ABSA Bank (Savings) – Branch Code: 632005 – Account Nr: 9283641668
Reference BCL(Surname)(Year of Birth)**

**Additional members should be a family relative staying with the main member at the provided address.
Alternatively the additional member will be seen as an individual member.**

I, _____, hereby accept the Terms and Conditions on Application Form Page 3. I acknowledge the provided information to be true and correct and it can be used to start my information database at Best Careline Identity. Other information will be provided on the INFORMATION PAGE. I herewith understand that my information may be used on a “need-to-know” basis and may be provided to a medical practitioner if necessary.

I also acknowledge that any information provided by me incorrectly can influence medical treatment in a negative way and I cannot hold Best Careline Identity accountable for any incorrect or outdated information.

I agree and understand that my annual premium should be paid on the

1st	15th
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 of the annual month.

By signing this document I acknowledge that Application Form Page 1, 2 and 3 has been filled by me and I find it to be complete and correct.

Signature of Account Holder

Witness

Date Signed

Place Signed

TERMS & CONDITIONS

Application & Information

1. Best Careline Identity will only process this application form if all applicable fields are filled in and signed.
2. Best Careline Identity will only approve the membership when the application/initial fee is paid in full.
3. Best Careline Identity will provide an **INFORMATION FORM** to each applicant that needs to be filled in correctly for the final database.
4. Best Careline Identity will create a database for each client according to the information that we receive.
5. Best Careline Identity will accept no responsibility for any information that is submitted incorrectly.

Identification Arm Bands & Emergency Number

6. The Best Careline 24/7 Identification Emergency Number is not a toll-free number and charges will be deducted as per agreement with service provider i.e. MTN/Vodacom/Cell C etc.
7. All calls to the Best Careline 24/7 Identification Emergency Number will be recorded for quality and safety purposes.
8. You can only be assisted if contacted on our 24/7 Identification Emergency Number, no other number e.g. Agent Number
9. The client is responsible to wear his/her Emergency Identification arm band at all times.
10. Best Careline Identity will accept no responsibility if information can't be provided to a medical practitioner if you are not wearing your Emergency Identification arm band.
11. By signing this application, you accept and acknowledge that your information may be provided to a medical practitioner on a "need-to-know" basis.
12. Information will only be given to a medical practitioner on a "need-to-know" basis.
13. Our **Silicone Wristband** is made of 100% pure silicone, an allergic reaction cannot be prevented by us. If such a situation should arise, the client cannot hold Best Careline Identity liable for any damages or injuries.
14. In accordance with the SA Consumers Act, your wristband will not be replaced/repaired/refunded after 6 months of receiving the bracelet and a fault is reported.
15. If your unique code is not recognizable, replace your wristband. Best Careline Identity will not be held liable for a missing code/illiterate code
16. Availability of a specific wristband depends on the stock availability from our suppliers. Should you choose a product that is not available, you will have to take an available product until your specific needs can be met.

Services & Payments

17. Best Careline Identity is an Identification & Activation Service only; we will not be liable for any medical service accounts that used this product to sustain information of the client.
18. Any services activated by us are not free. Should there be any invoices or accounts, it will strictly be on the client's own costs.
19. When you need an ambulance, our call center will confirm if you need private or governmental service. Private Service will have charges if you do not belong to a medical scheme.
20. Best Careline Identity will publish a warning SMS if there are any outstanding annual fees, if the outstanding fees are not paid within seven (7) days from the warning SMS, the member will be inactive on the identification system.
21. Please keep in mind that all services are limited to the national boundaries of the *REPUBLIC OF SOUTH AFRICA*.
22. Memberships will only run from the 1st of the annual month or from the 15th of the annual month.
23. The first payment will be the Application Fee (R30.00), Identification Arm Band(s) (R30.00/R230.00 x member(s)), first annual premium (R60.00 [main member] R36.00 per [additional member(s)])
24. If your payment method is a Stop order, you as the client have to go to your bank and arrange the payment accordingly. It is your responsibility to ensure that there are sufficient funds for the annual deduction.
25. All proof of payments should be submitted on or before the 1st/ 15th of the annual month to be approved.
26. Payments can also be made upfront for your convenience.
27. Additional bank charges may be charged, depending on your bank. We cannot be held accountable for the additional charges.
28. The Main Member should use his/her unique wristband number as a reference for payment, for himself/herself and all other additional members.
29. The Main Member is accountable for the additional members' payments.
30. If the wristbands are not retrievable at our office, it will be couriered to the client for the client's account. The client will have the initial option to choose the courier company; alternatively we will use the official courier company of Best Careline Identity.

Cancellation of service

31. Not paying your annual premium is not a method of cancellation. Cancellation has to be provided in writing with a 30 day notice.
32. You are not allowed to cancel your membership within two months after signing up. (60 days)