Road Rescue **Membership**

SERIAL NO.

FOR CUSTOMER USE: *For Gold Membership, please attach a recent passport size* ***photograph***

Title _____ Sex ☐ M ☐ F Individual/Corporate Name _____

Contact Person(Corporate) _____ Designation _____

Tel No: (Office) _____ Mobile No(s) _____

P. O. Box _____ Email _____

Physical Address _____

Personal Details

Date of Birth: __ __ __ __ __ __ __ __ Marital Status _____ Passport/ID No _____

Driving License No _____ Driving License Expirity Date __ __ __ __ __ __

Nationality _____ Occupation _____

Employers Name _____ Physical Address _____

Email Address _____

	Next of Kin: Name	Relationship	Tel.No(s)
1			
2			

Membership Type (Tick where applicable)

☐ **Gold** ☐ **Silver** ☐ **Bronze** ☐ **Copper** ☐ **Copper Car Rescue** ☐ **AES Corporate**

Vehicle Details

	Car Registration	Make & Model	Body Type	Color	Membership Type	Membership No.	Ins. Expiry
1							
2							
3							
4							

Please attach schedule if space provided is inadequate

Total No. of Cars _____ Total Monthly _____ Total Annual _____

(Annual Advance) ☐ Cash ☐ Cheque ☐ Other _____

Select Preferred Payment Method (tick where applicable) ☐ Quartely ☐ Annually

Refer to Authentic Emergency Services Ltd Terms and Conditions overleaf

I/We _____ (Member to insert name) confirm

A. That I/We have read and understood the Terms and Conditions and agree to be bound by them;

B. That the information contained in the Application Form is true and complete and that I/We have not withheld any information which AES consider necessary for a credit assessment over me to be bound by them

C. That I/We have been given a copy of the Terms and Conditions.

D. That the information contained in the Application Form is true and complete and that I/We have not withheld any information which AES consider necessary for a credit assessment over me

Name _____ Signed _____ Date __ __ __ __ __ __ DD/MM/YY

Additional Requirements for Corporate Members

Designation _____ Stamp _____

FOR OFFICIAL USE ONLY: DD/CC/MO Date __ __ __ __ __ __ DD/MM/YY

A/C Type _____ Sales Agent _____ Receipt No _____