

APPLICATION FOR STOLEN VEHICLE RECOVERY SERVICES

C-track South Africa (Pty) Ltd  
Reg. No. 1997/016952/07



Account Manager  
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Retention Channel

PLEASE RETURN COMPLETED APPLICATION FORM TO FAX NUMBER 086 680 4427

1. SUBSCRIBER DETAILS (PLEASE INCLUDE A COPY OF THE RELEVANT ID)									
Surname/Company Name						Customer Account No.			
Title		First Name(s)		Title					
Physical Address						Code			
Postal Address						Code			
ID/Company Reg. No.		Company VAT No.							
Tel No. (H)		Tel No. (W)				Fax No.			
Cell No.		E-mail Address							
Insurance Company/Broker						Policy No.			
2. ACCEPTED SERVICES - THE SUBSCRIBER WISHES TO RECEIVE THE FOLLOWING SELECTED SERVICES (ALL PRICES ARE VAT INCLUSIVE)									
Option 1 <b>insure</b>		Upfront Cost Option			OR		Free Fitment Option		
		Initial Cost	Subscription	✓			Initial Cost	Subscription	✓
Standard Package (36 month contract)		R 599.00	R 139.00 pm				R 0.00	R 149.00 pm	
Protector Package (36 month contract)		R 899.00	R 159.00 pm				R 0.00	R 169.00 pm	
Option 2 <b>secure</b>		Upfront Cost Option			OR		Free Fitment Option		
		Initial Cost	Subscription	✓			Initial Cost	Subscription	✓
Standard Package (36 month contract)		R 3 399.00	R 169.00 pm				R 0.00	R 219.00 pm	
Protector Package (36 month contract)			R 189.00 pm				R 0.00	R 249.00 pm	
3. BANK DETAILS AND DEBIT ORDER AUTORISATION (PLEASE ATTACH A COPY OF A CANCELLED CHEQUE OR BANK STATEMENT) (RESOLUTION LETTER REQUIRED)									
Account Holder						Branch			
Bank						Branch Code			
Account Number									
Account Type		Current	Savings		Transmission				
Please debit the bank account as indicated above in favour of C-TRACK SA (Pty) Ltd with the total amount owing and my preferred date for monthly subscriptions are:									
Debit order collection date		1st	25th	30th					
Name of Authorised Signatory				Signature of Authorised Signatory					
Date									
4. VEHICLE DETAILS (IF MULTIPLE VEHICLES, PLEASE COMPLETE VEHICLE ADDENDUM FORM)									
Make & Model						Colour		Year	
Vehicle Reg No.		Chassis No.				Engin			
5. PREFERRED INSTALLATION ARRANGEMENTS									
Town or City						Suburb			
Time of installation		Morning	Afternoon	After hours	Weekend				
Location		Fitment Centre	Residence	Business	Dealership				
6. AUTHORISED USER DETAILS									
Primary User				ID					
Contacts No.		Work	Home	Cell					
Secondary User				ID					
Contacts No.		Work	Home	Cell					
Tertiary User				ID					
Contacts No.		Work	Home	Cell					
7. DECLARATION									
The subscriber warrants that the above information is true and correct and, by his/her/their signature, the subscriber acknowledges and agrees to hold himself/ herself/themselves bound to the terms and conditions as applicable to him/her/them. The subscriber acknowledges that the products and the pricing have been adequately explained. The authorised signatory/ies hereby warrant that he/she/they is/are duly authorised to sign this application. By their signature they bind themselves as sureties and co-principal debtors together with the applicant in favour of C-TRACK SA (Pty) Ltd.									
Name				Signature					
Date									
8. REFERRAL DETAILS									
Insurance Broker		Name							
Dealership		Name							
Marketing		Type							