



Life Alert Subscription Form:

Subscriber/User details:

Title: _____ Name: _____ Surname: _____

ID number: _____ Email address: _____

Contact numbers:

Cell number: _____ Alternative number: _____

Medical Aid Details:

Medical Aid Name: _____ Plan/Option : _____

Medical Aid Number: _____ Dependant Code : _____

Billing Details:

Account Holder: _____

Contact Name: _____ Contact Tel Number: _____

Email address: _____

Address: _____ Postal Address: _____

Code: _____ Code: _____

Signature:

Name: _____ Date: _____ 2019

Signature:

Declaration: I Hereby warrant that the above information is true and correct and, for any services to be provided by StratIT (PTY) LTD, by my signature hereto, I irrevocably offer to enter into a Subscriber agreement with StratIT upon the terms set out in the Terms and Conditions applicable per product and services offering which I have read and understood and agree to be bound by in all respects. I acknowledge I shall have no claims against StratIT arising out of this application. I understand that I have specified a chosen contract term and that in the event that I choose to cancel this agreement, I will be liable for the termination penalty as described in the Terms and Conditions.

Terms and Conditions Applies