



Life Alert Subscription Form- Smartphone APP Only:
To be completed separately for each subscriber – email to info@stratit.co.za

Subscriber/User details:

Title: _____ **Name:** _____ **Surname:** _____

ID number _____ **Email address:** _____

Contact numbers:

Cell number (Smartphone app): _____

Alternative contact number: _____

<p>Coupon Code:</p> <p>_____</p> <p>_____</p>
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Medical Aid Details:

Medical Aid Name: _____ **Plan/Option :** _____

Medical Aid Number: _____ **Dependant Code :** _____

Billing Details:

Account Holder: _____ **VAT number:** _____

Contact Name: _____ **Contact Tel Number:** _____

Email address: _____

Address: _____

_____ **Code:** _____

Signature:

Name: _____ **Date:** _____

Signature:

<p>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.</p>

Terms and Conditions Applies