BIKER'S LAW

YOU BRING US DOWN - WE TAKE YOUR HOUSE

Membership No: FB - / /

Fax: 0866852511- Email: odie@bikerslaw.co.za - Tel: 0722 147 111

RIDER DETAILS

- PLEASE PRINT -

TITLE

Prof | Dr | Mr | Mrs | Miss | OTHER

INITIALS

FULL NAMES

SURNAME

ID NUMBER

CELLULAR / MOBILE

POSTAL ADRES

PHYSICAL ADRES

WORK TEL

HOME TEL

FAX

EMAIL

CRITICAL INFORMATION

FOR USE ON MEMBERSHIP CARD

BLOOD TYPE

ALLERGIES

NEXT OF KIN

NAME

RELATIONSHIP

CONTACT #

PLEASE MMS OR EMAIL AN ID SIZE PHOTO TO 084 604 2440 OR odie@bikerslaw.co.za.

MOTORCYCLE DETAILS

MAKE | **MODEL** | **YEAR** | **REG NO**

OPTIONS

Rider Only yes — *Once-off R100 joining fee, and monthly debit order of R20 applicable*

Rider + Pillion yes — *Once-off R200 joining fee, and monthly debit order of R40 applicable*

ONCE-OFF JOINING FEE

I Wish To Pay My Joining Fee By:

Internet Transfer | *Debit Order* | *Cash Attached*

IMPORTANT
Please use the first 6 digits of your ID as reference on internet transfers

For Electronic Transfers Please Use The Following Account Details

Bank: Nedbank - Branch Code 145710 - Account Number 1457518481

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DEBIT ORDER / DEBIETORDER

I ***(Title, Name & Surname)*** ..... With ID No: ..... Hereby authorise you to draw every month against my ***(Type of Account - Savings, Current, Transmission)*** .....account, held at ***(Name of Institution)*** ....., Under Acc Nr | | | | | | | | | | | | | |

At their ***(Name Of Branch)*** .....-branch, under Branch Code | | | | | | | | | ***Or any other bank to which I may transfer my account)*** the sum of R....., ***(Amount in words)*** ..... Being the amount necessary for payment of the monthly payment due to Biker's Law by me. Deduction from my account is to take place on the 1st banking day of every calendar month, commencing on .....

Should the relevant premium be adjusted as a result of a general increase of such costs, then I confirm that such adjusted premium may be deducted from my account. This authorisation will remain in place until such time as I cancel this in writing, or substitute it with a new instruction. I understand that the withdrawals hereby authorised will be deducted from my account by a computerised process, known as the ACB Magnetic Tape Service, and I also understand the details of each instruction will be reflected on my monthly bank statement or an accompanying voucher. I agree to pay any bank charges related to this Debit Order Instruction. This authority may be cancelled by me giving 90 (ninety) days notice to Bikers Law in writing, and sent to them under prepaid registered mail, but I understand that I shall not be entitled to claim any refund or amounts that you may have withdrawn while this authority was in effect, providing such withdrawals was legally owing to you. Receipt of this instruction by you and your bankers, shall be regarded as receipt thereof by my bank.

Signed at ..... On this ..... Day of ..... 200.....

>.....<

FAX COMPLETED FORM, *AND* A COPY OF YOUR ID, *AND* COPY OF THE PROOF OF PAYMENT FOR INTERNET TRANSFERS TO 0866852511