



# New Friend Registration Form

NO.

Please complete ALL the information as blank fields could delay credit/funeral cover payouts and/or other administrative procedures

Fax Number: 086 583 1066

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PLEASE PRINT DETAILS CLEARLY IN BLACK INK

NAME :

Date

REGISTERED Fwendz CELL NO:

ID Number:

Male / Female:

Birthdate:

Introducer's Name :

Address:

Introducer's Cell Number:

Area:

Province:

Code:

E-Mail Address:

Please tick YES or NO option

Credit Accumulation:

Permission to accumulate credits to Fwendz Account

 YES NO

**PREMIUM PAYMENT OPTIONS - Please tick BOTH options**

Automatic Payment Option:

Permission to deduct premium from credits

1 Month

 R 50

6 Months

 R 300

Debit Order:

Please tick preferred payment period option

1 Month

 R 50

6 Months

 R 300

Month Debit Order takes effect: \_\_\_\_\_ /20

**The DEBIT DATE will be on the last day of each month**

Banking Details:

Name of Account Holder:

Bank:

Code:

(Details required for Debit Order & Credit Payouts)

Account #:

Type:

**Ensure your BENEFICIARY details are completed in full to avoid non-payment of funeral cover**

Beneficiaries:

Assupol:

Name:

Relation:

Mobile #:

ID #:

Fwendz:

Name:

Relation:

Mobile #:

ID #:

## UNDERSTANDING & ACCEPTANCE OF CONDITIONS

I \_\_\_\_\_ ID #: \_\_\_\_\_

hereby confirm that I have registered into Fwendz Unlimited with my FICA registered mobile number into the Business Circle of the abovementioned Sponsor and agree to the terms set out and are in possession of a copy of the Terms & Conditions.

Signature

Date

Mobile Number

For Office Use Only:

[NEW FRIEND REGISTRATION FORM - FEBRUARY 2012]

