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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT CLUB APPLICATION FORM MEMBER NUMBER** | | | | | | | | | | | | 17700\_\_\_\_ | | | | | |
| *Please indicate geographical location of where you intend to travel* | | | | | | | | | | | | | | | | | |
| **International Tour** | | |  | Regional | | |  | Local | |  | Local One Day | | | | |  |
| **Please Print In Capital Letters Or Tick Where Applicable** | | | | | | | | | | | | | | | | | |
| Parent/Guardian Details | | | | | | | | | | | | | | | | | |
| TITLE | |  | | | Date of Birth |  | | | I.D No | | |  | | | | | |
| Surname | |  | | | | | | | Sex: | | |  | | | | | |
| First Names | |  | | | | | | | PROPOSED MONTHLY PREMIUM | | | | | |  | | |
|  | |  | | | | | | | PAYMENT PERIOD | | | | |  | | | |
| Occupation | |  | | | | | | | MODE OF PAYMENT | | | | |  | | | |
| Home Address | |  | | | | | | | Due Date | | | | |  | | | |
| Contacts |  | | | | | | | | Relationship | | | | |  | | | |
| Email: |  | | | | | | | | Legal Guardianship? | | | | |  | | | |
| Student Details : | | Name of School: | | | | | | | | | | | | | | | |
| TITLE | |  | | | Date of Birth |  | | | I.D No | | |  | | | | | |
| Surname | |  | | | | | | | Sex: | | |  | | | | | |
| First Names | |  | | | | | | | Clubs | | | |  | | | | |
| NATIONALITY |  | | | | | | | | Class | | | |  | | | | |
| CITIZENSHIP |  | | | | | | | | Enrolment Year | | | |  | | | | |
| Contacts |  | | | | | | | | Teacher Name | | | |  | | | | |
| Email: |  | | | | | | | | Major | | | |  | | | | |
| DESTINATION |  | | | | | | | | Relationship to Applicant | | | |  | | | | |
| Travel PERIOD |  | | | | | | | | Passport No. | | | |  | | | | |
| Travel Frequency |  | | | | | | | | Medical Aid | | | |  | | | | |

Please note that all payments are to be made to the following banking details;

Account Name: E-Com Pvt Ltd T/A Four Faces Holiday Clubs

Bank Details: **NMB ACC No. 280028517 Branch: Avondale**

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the\_\_\_\_\_\_\_\_ Day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2016/17

Applicant Signature (Parent) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_