



## ROCKET CONNECT® APPLICATION FORM

This application is subject to the Rocket Connect® Master Terms and Conditions applicable to the Rocket Connect® Service. By completing this application, you confirm that you have read, understood and agree to be bound by the Master Terms and Conditions, and you warrant that the Information you provide herein is true and correct. Please contact Rocket HEMS® on 0860-FLIGHT (0860 354 448) if you require more information regarding the application process, or visit our website.

**ALL REQUESTS TO BE SENT TO [APPLICATIONS@ROCKETHEMS.CO.ZA](mailto:APPLICATIONS@ROCKETHEMS.CO.ZA)**

### CUSTOMER DETAILS (INDIVIDUAL)

TITLE	<input type="text"/>	INITIALS:	<input type="text"/>
FULL NAMES:	<input type="text"/>	TEL (HOME):	<input type="text"/>
SURNAME:	<input type="text"/>	TEL (WORK):	<input type="text"/>
ID/PASSPORT NO:	<input type="text"/>	MOBILE:	<input type="text"/>
DATE OF BIRTH:	<input type="text"/>	EMAIL ADDRESS:	<input type="text"/>
POSTAL ADDRESS:	<input type="text"/>	CODE:	<input type="text"/>
HOME ADDRESS:	<input type="text"/>	CODE:	<input type="text"/>

### CUSTOMER DETAILS (COMPANY DETAILS IF APPLICABLE)

NAME:	<input type="text"/>	TELEPHONE:	<input type="text"/>
REG NO:	<input type="text"/>	CONTACT EMAIL:	<input type="text"/>
VAT NO:	<input type="text"/>		
STREET ADDRESS:	<input type="text"/>	CODE:	<input type="text"/>
POSTAL ADDRESS:	<input type="text"/>	CODE:	<input type="text"/>

### MEDICAL AID DETAILS (MAIN APPLICANT)

MEDICAL AID:	<input type="text"/>
MEMBER NUMBER:	<input type="text"/>
MAIN MEMBER:	<input type="text"/>

We reserve the right to claim any of our incurred expenses in executing the required services from your Medical Aid, and you undertake to assist us in this regard.



**NOMINATED BENEFICIARIES (NEED NOT BE FAMILY)**

FULL NAME	ID/PASSPORT	MOBILE	MEDICAL AID	MEMBER NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**CHOOSE YOUR PLAN**

**OPTION ONE:**

UPFRONT FEE: **R3,500.00**  
 MONTHLY SUBSCRIPTION: **R1,750.00**  
 MINIMUM PERIOD: **12 MONTHS**

**OPTION TWO:**

UPFRONT FEE: **NONE**  
 MONTHLY SUBSCRIPTION: **R1,950.00**  
 MINIMUM PERIOD: **24 MONTHS**

**PLEASE INDICATE YOUR PREFERRED PLAN BY MARKING THE APPROPRIATE BOX:**

OPTION ONE:

OPTION TWO:

**CUSTOMER BANK DETAILS (DEBIT ORDER AUTHORISATION)**

BANK:  BRANCH NAME:

ACCOUNT NO:  BRANCH NUMBER:

CURRENT:  SAVINGS:



## FIRST AID KIT PHYSICAL DELIVERY ADDRESS

STREET ADDRESS:  CODE:

CONTACT PERSON:  CONTACT NUMBER:

## PAYMENT AUTHORISATION

### PAYABLE TO ROCKET HEMS®:

#### INITIAL DEBIT

- UPFRONT FEE IF APPLICABLE
- MONTHLY SUBSCRIPTION PLUS PRO-RATA SUBSCRIPTION FOR CURRENT MONTH

#### MONTHLY DEBIT

- MONTHLY SUBSCRIPTION FEE

**I AGREE TO MY ACCOUNT (WITH DETAILS AS SPECIFIED ABOVE) BEING DEBITED IN FAVOUR OF BRISK SOLUTIONS (PTY) LTD (T/A ROCKET HEMS®) ON THE FIRST BUSINESS DAY OF EACH MONTH FOR THE DURATION OF THE SUBSCRIPTION PERIOD. I AM THE PERSON WHO AUTHORISES PAYMENTS FROM THIS ACCOUNT, AND MY DETAILS ARE:**

NAME:  SIGNATURE:

DATE:

## DECLARATION

Rocket HEMS® cares about you and your loved ones.

Please familiarise yourself with the Rocket Connect® Service and the detailed Master Terms and Conditions that are also available on our website, as they contain important information.

Your contract is effective from the date the first payment has been received. Your monthly subscription will be paid in advance and your first payment will be calculated on a *pro rata* basis from date of activation AND first payment. If the payment day falls on a Sunday or public holiday, the payment day will be the next business day. Should you have insufficient funds in your account for the debit order amount, Rocket HEMS® may attempt to debit your account as soon as sufficient funds become available. Brisk Solutions t/a Rocket HEMS®'s name and account number will reflect on your bank statement as reference of payment. You may cancel this debit order authority, but it will not result in cancellation of the contract.

If an amount was legally owing to Rocket HEMS®, you will not be entitled to a refund while this debit order authority was in force. Your Rocket Connect® Services will be suspended if you have any outstanding payments due and your account may be assigned to an external debt collecting agency. We will not allow any person to make changes to your Rocket HEMS® account unless we have written authority from you to do so. It is important that you read and understand the Rocket HEMS® Master Terms and Conditions which you will also find on the Rocket HEMS® website.

By signing the below, you acknowledge that you understand and agree to this declaration.

NAME:  SIGNATURE:

DATE: