

BUSINESS COVER MEMBERSHIP APPLICATION FORM

SECTION A

COMPANY NAME(REGISTERED NAME)

TRADING NAME

REGISTRATION NO

BUSINESS ADDRESS(PHYSICAL)

CODE

CONTACT DETAIL: POSTAL ADDRESS:

CODE

TELL NO

CELL NO

NO OF EMPLOYEES

ESTIMATED TURNOVER PER ANNUM

TYPE OF BUSINESS

COMPANY REPRESENTATIVE

FULL NAMES

SURNAME

TITLE

MR

MRS

ID NO/PASSPORT NO

COMPANY

SECTION B

COVER APPLIED FOR:(Tick the applicable box)

☐

INTRO-R475,00

☐

GOLD-R685,00

☐

PLATINUM-R1355,00

SECTION C

BANKING DETAILS

NAME OF ACCOUNT HOLDER

NAME OF BANK

ACCOUNT NO

TYPE OF ACCOUNT

BRANCH

CODE

I THE UNDERSIGNED, AUTHORISE PROTECTOR LEGAL TO DEBIT THE AMOUNT OF R _____
ON MONTHLY BASIS ON THE _____ OF EACH MONTH.

OR

I THE UNDERSIGNED, CONFIRM THAT MY COMPANY WILL PAY AN AMOUNT OF R _____ BASIS
ON THE _____ OF EACH MONTH IN CASH.

SIGNATURE OF COMPANY REP

DATED ON THIS

DAY OF

AT

RETURN THE SIGNED FORM TO: BOX 1844 CHUENESPOORT 0745 OR EMAIL TO

protectorlegalconsultants@gmail.com OR SUBMIT BY HAND AT NO.22 BOK STREET, POLOKWANE

TELL NO: 087 944 3860 FAX NO: 086 226 4961