



SUMMARY PRODUCT REQUIRED			FOR OFFICE USE	
BuddyBand	Lady	Man	CareStation no.	
CareStation			BuddyBand no.	
Keysafe			Purchase/Rental	
Who referred you?				
ADSL (internet)	Yes	No		
Other				



SUBSCRIBER 1				
Name:		Surname:		ID number
Tel No:		Cell No:		Email:
Address:				GPS co-ordinates
				Code:

SUBSCRIBER 2				
Name:		Surname:		ID number
Tel No:		Cell No:		Email:
Address:				Code:

STATE OF HEALTH	
Physical health condition(subscriber 1):	Medication details (subscriber 1):
Physical health condition(subscriber 2):	Medication details (subscriber 2):

DOCTOR DETAILS				
Name:		Surname:		
Tel No:		Cell No:		Email:
Address:				Practice no.
				Code:
Name of nearest hospital:				Tel No:
Name of nearest police station :				Tel No:

MEDICAL AID		ALARM/ARMED RESPONSE SERVICE	
Company:		Company:	
Tel No:		Tel No:	
Fax No:		Fax No:	
Member No:		Member No:	
		Response time to premises:	

BILLING INFORMATION				
Billing contact person name		CSV nr. (three digits at back of card)		
Billing contact person tel no.		Expiry date (MMYY)		
Credit card no.		Budget (months)		
OR				
Bank Account:		Bank name		
Branch code:		Account Type:	Current	Credit card
I hereby authorise the service provider to debit the above account				
Cancelled Cheque attached	Yes	No		
Authorised Signature	PRINT FULL NAME & DESIGNATION		DATE: (DD/MM/YYYY)	

On the acceptance of this application I/we hereby authorise the Service Provider to draw against my/our account detailed on the Social Alarm Agreement, all amounts becoming due and payable by me/us.

DATE: (DD/MM/YYYY)	Signature of Subscriber	Stamp of approval (Company)
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KEYHOLDER INFORMATION - PEOPLE TO CONTACT IN CASE OF AN EMERGENCY

- 1) Subscriber must have at least one keyholder with access to premises in case of an emergency.
 2) For the security of the subscriber the keyholders need to be contactable by the service provider in order of importance.
 with the estimated journey time to reach the subscriber in case of emergency.

1 Order of importance		Keyholder:	
Name:		Approx. Age:	
Address:		Arrival Time:	
Tel Home:	Tel Work:	Cell No:	

Important notes:

2 Order of importance		Keyholder:	
Name:		Approx. Age:	
Address:		Arrival Time:	
Tel Home:	Tel Work:	Cell No:	

Important notes:

3 Order of importance		Keyholder:	
Name:		Approx. Age:	
Address:		Arrival Time:	
Tel Home:	Tel Work:	Cell No:	

Important notes:

4 Order of importance		Keyholder:	
Name:		Approx. Age:	
Address:		Arrival Time:	
Tel Home:	Tel Work:	Cell No:	

Important notes:

CARER OR NURSE

Name:	Surname:		
Tel No:	Cell No:	Email:	
Qualification:			

CARESTATION SETUP & CONFIGURATION INFORMATION NEEDED

Yellow button tel nr.		Yellow button name	
Blue button tel. nr.		Blue button name	
Keysafe number		Keysafe position	
ADSL telephone line	Yes	No	
Any other request:			

BILLING AMOUNTS SUMMARY

CareStation rental/service fee pm:		Per month, VAT incl	
CareStation purchase amount:		Once off, VAT incl	
Extra help button		Once off or rent, VAT incl	
Extra BuddyBands yearly fee:		Per annum, VAT incl	
Medication reminder pm (blue)		Per month, VAT incl	
Keysafe purchase amount		Once off, VAT incl	Signature of subscriber
Rental once off fee		Date paid	Paid per internet or cheque

Declaration

I, the Subscriber, hereby make application for the Service Provider for connection to their service and undertake to be bound by the terms and conditions on the pages of this agreement, which I have read, understood, and accept. I further warrant that the information supplied herein is true and correct and is not intended to include the Service Provider to extend credit facilities to me to its prejudice.

The Subscriber hereby gives his/her/its express agreement to allow the Service Provider to capture the information given and store it in their computerized database and use it for services rendered and to share the information with third parties in rendering the service. The Subscriber agrees to inform the Service Provider about any changes to the information supplied herein.

Fax number for TeleCare Solutions : 0866189792

TeleCare Solutions Banking details : Nedbank (Account no : 1036382222 Branch code : 103610)

DATE: (DD/MM/YYYY)	Signature of Subscriber	Stamp of approval (Company)
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