



SUMMARY PRODUCT REQUIRED			FOR OFFICE USE	
BuddyBand	Lady	Man	CareStation no.	
GPRS CareStation			BuddyBand no.	
Analogue Carestation			BuddyBand no.	
Keysafe number			Watch trigger	
Preferred language			Pill dispenser	
Who referred you?			Purchase/rental	

**SUBSCRIBER 1**

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

What is your dream?

**SUBSCRIBER 2**

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

What is your dream?

**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    Savings
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.

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

Important notes:

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

Important notes:

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

Important notes:

<b>4 Order of importance</b>		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**

Keysafe purchase amount		Once off, VAT incl	
Extra help button		Once off or rent, VAT incl	
Extra watch trigger/fall trigger		Once off, VAT incl	
Medication reminder pm (blue)		Per month, VAT incl	
Carestation purchase amount		Once off, VAT incl	
CareStation rental/service fee pm		Once off, VAT incl	
Rental once off fee		Pay per internet	To be deducted per DO

Signature of subscriber

**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)**

**SWIFT Code : NEDSAZAJJ**

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