



Position: OUTSIDE MEMBER

REGISTRATION NO:	2002 / 01924 / 07
Physical Address:	Legends Lifestyle Centres Clifton Hill Estate, Acutts Dr, Hillcrest
Contact Numbers:	0317621700 / 0317621702
Email address:	reception@legendslifestyle.co.za

Member's Rate: R	(inclusive of vat)	FAMILY / SINGLE / SCHOLAR / PENSIONER / PARENT & CHILD		
Expiry Date:		25th DO / 1st DO / MONTHLY / UPFRONT		
Account No / Reference:		Pro Rata:	Joining Fee:	Access Fee:

PARTICULARS

Member's Name & Surname:		
Physical address:		
Mobile:	Work:	Email:
ID Number:		
Employer & Business address:		
Business Tel Number:	Occupation:	Email:

SPOUSE'S PARTICULARS

Member's Name & Surname:		
Physical address:		
Mobile:	Work:	Email:
ID Number:		
Employer & Business address:		
Business Tel Number:	Occupation:	Email:

CHILDREN PARTICULARS

Name:	DOB:
Name:	DOB:
Name:	DOB:

A. AUTHORITY

Name of account holder to debit:					
Domicile et executandi: (Address)					
Contact Numbers:	(C)		(W)		
Bank:		Branch Code:		Acc Number:	
Type of Account:	Current	Savings	Transmission	Amount to be deducted	R
				Debit order date	

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement").

I/We hereby authorize you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above. If the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly

If the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

Payment instructions due in December may be debited against my account on _____.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement.

B. MANDATE

I /We acknowledge that all payment instructions issued by you shall be treated by **my/our** above-mentioned Bank as if the instructions have been issued by **me/us** personally. I/We agree to pay any penalty bank charges relating to this debit order instruction.

C. CANCELLATION

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you. There will be a 30 % cancellation fee applicable on the remainder of the membership. Cancellation clause does not apply to upfront membership.

D. ASSIGNMENT

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

E. POPI ACT

All the information submitted herein shall be used for the purpose of Legends Lifestyle Centre's database and marketing. Legends Lifestyle Centre undertakes to ensure that appropriate security control measures are implemented to protect all the information to be submitted in this contract in accordance with the Popi act.

Signed at _____ on this _____ day of _____.

(Account holder on the bank account)

**LEGENDS LIFESTYLE CENTRE
INDEMNITY FORM**

I / WE:

ADDRESS		
TEL NO:	(H)	(W)
CELL NO:		

HEREBY ACCEPT THE FOLLOWING CONDITIONS TO THE LIFESTYLE CENTRE:

1. Legends Lifestyle (PTY) Ltd does not take responsibility for any injury sustained by any person whilst on the premises or whilst using any of the facilities at the Centre.
2. Legends Lifestyle (PTY) Ltd does not take responsibility for the loss of personal belongings of any person or persons whilst in the Lifestyle Centre.

1. ALLERGIES:

2. MEDICATION:

3. RECENT SURGERY:

4. DOCTORS NAME AND NO:

5. CONTACT IN AN EMERGENCY:

SIGNED _____ DATE _____

