

Welcome to Spectacle World
We look forward to being of Service

How did you hear about us?

If a friend or family member, please supply their name, address and telephone number

PERSON RESPONSIBLE FOR ACCOUNT/Persoon verantwoordelik vir rekening

Title/Titel	Surname/Van		
Full names/Volle name			
Postal address/Posadres			
Home address/Huisadres			
Work address/Werkadres			
Tel (H)			(W)
Cell/Selfoon			
Email/Epos			
May we inform you via email on current promotions	Yes	No	
ID No:			
Medical Aid name and option/Med. Fonds naam en opsie			
Medical Aid /Med. Fonds nr:			
Main member/dependant code/Hooflid/Afhanklike kode			
Occupation/ Beroep	Employer/Werkgewer		

Patient details/Pasient besonderhede

Name and surname/naam en van	Dep Code	Tel.no	ID Nr:
1.			
2.			
3.			

Closest friend or family/Naaste vriend of familie

Fullname/Volle naam	Relationship/Verwantskap
Address/Adres	
Tel.Nr:	

Please note/Let wel

I confirm that I will be liable for payment of all collections commissions, legal and tracing fees on an attorney and own client scale resulting from steps taken in collecting amounts due and payable by me.

Ek bevestig dat ek aanspreeklik sal wees vir alle invorderingskommissie, regs en opsporingskoste op 'n prokureur en eie klient skaal voortuitspruitend van enige gelde deur my verskuldig

I acknowledge that I shall remain liable to settle my account notwithstanding the fact that I may be a member of a medical aid

Ek verstaan dat alhoewel ek 'n lid van 'n mediese fonds mag wees ek steeds verantwoordelik is vir betaling van enige rekening

I hereby declare that the above information is correct

Signed/Handtekening Date/Datum