



Connectivity



Technology



Protection



Lifestyle

Thank you for choosing Vistatek. Please complete this form legibly in BLOCK LETTERS and submit with a valid ID copy.

APPLICATION DATE:

____ / ____ / ____

MEMBERSHIP NO. (OFFICE USE)USE:



PERSONAL INFORMATION

Full Name:

ID / Passport Number:

Date of Birth:

____ / ____ / ____

Gender:

☐ Male ☐ Female ☐ Other

Marital Status:

☐ Single ☐ Married ☐ Divorced ☐ Widowed



CONTACT DETAILS

Cell Number:

WhatsApp Number:

Email Address:

Residential Address:

City/Town:

Province:

Postal Code:



EMPLOYMENT INFORMATION

Employment Status:

☐ Employed ☐ Self-Employed ☐ Unemployed
☐ Pensioner ☐ Student

Employer / Business Name:

Occupation:

Monthly Income (Optional): R



NEXT OF KIN

Full Name:

Relationship:

Cell Number:



MEMBERSHIP PACKAGE

Please select your preferred membership:



STANDARD
MEMBERSHIP

☐

PREMIUM
MEMBERSHIP

☐

FAMILY
MEMBERSHIP

☐

OTHER(PLEASE
SPECIFY)

☐

PAYMENT DETAILS

Registration Fee:

R

Monthly Membership Fee:

R

Payment Method:



EFT



Cash

☐

Card

☐

Preferred Payment Date:

☐

1st

☐

15th

☐

25th

☐

Other:



BENEFITS APPLIED FOR

Please tick all that apply:



Funeral Cover



Tablet Payment Plan



Airtime / Data



SIM Card



Device Insurance



Other:



DECLARATION

I declare that the information provided in this application is true and correct. I agree to abide by the Vistatek Membership Terms and Conditions and authorize Vistatek to verify the information supplied where necessary.

Applicant Signature:

Date:

____ / ____ / ____



OFFICE
USE ONLY

Application Received By:

Captured By:

Membership Approved:

Signature:

☐ Yes

☐ No

Date:

____ / ____ / ____