

REGISTRATION FORM

Contact Details:

Title / Name / Surname: ID Number:
Postal Address: Code: Cell:
E-mail: Tel: [w] [.....] [h] [.....] [fax] [.....]
Cross Country Policy Number: Driver's License Number: Exp Date:
Password: Select a password (For security reasons)

Bank Details:

Card 1
Card Number: Card Type: Name of Bank:
 Member [M] Spouse Card [S] (Please tick appropriate box)
Card 2
Card Number: Card Type: Name of Bank:
 Member [M] Spouse Card [S] (Please tick appropriate box)
Card 3
Card Number: Card Type: Name of Bank:
 Member [M] Spouse Card [S] (Please tick appropriate box)
Card 4
Card Number: Card Type: Name of Bank:
 Member [M] Spouse Card [S] (Please tick appropriate box)

Other Account Details:

Card 1
Name of Card / Account: Card Number:
 Member [M] Spouse Card [S] (Please tick appropriate box)
Other Cards 2
Name of Card: Card Number:
 Member [M] Spouse Card [S] (Please tick appropriate box)
Other Cards 3
Name of Card: Card Number:
 Member [M] Spouse Card [S] (Please tick appropriate box)

Cell Phone Details:

Cross Country Policyholder
Cell Phone Number: Service Provider: SIM card Number:
 Contract: Prepaid IMEI no: (Press *#06# on any handset)
Spouse
Cell Phone Number: Service Provider: SIM card Number:
 Contract: Prepaid IMEI no: (Press *#06# on any handset)
Other Dependant
Cell Phone Number: Service Provider: SIM card Number:
 Contract: Prepaid IMEI no: (Press *#06# on any handset)

Confidentiality Notice:

The card information supplied above will be stored in a secure environment and only used to cancel and re-order cards in the event of a lost or stolen card.

**Please return completed application form to:
Fax: 011-463 1841 or E-mail: crosscountry@my24seven.co.za**



Should you want to log more cards, kindly provide the details on a separate sheet of paper.
Please refer to www.ccic.co.za for detailed Policy Wording and Terms & Conditions or contact us on 0800 005 688 to forward you a copy.