

# Member authority form

Customer Service Centre



Please read the declaration and sign all sections as required. This form will provide authority for someone other than the primary member to make changes to the nominate Ambulance Cover Subscriptions.

Membership number: \_\_\_\_\_

## Member details

Surname: \_\_\_\_\_, Given names: \_\_\_\_\_

Residential address: \_\_\_\_\_  
(PLEASE PRINT FULL ADDRESS)

Postal address: \_\_\_\_\_  
(PLEASE PRINT FULL ADDRESS)

Home phone number: \_\_\_\_\_

Mobile phone no: \_\_\_\_\_

Email address: \_\_\_\_\_

## Authorised person's details

Surname: \_\_\_\_\_, Given names: \_\_\_\_\_

Residential address: \_\_\_\_\_  
(PLEASE PRINT FULL ADDRESS)

Postal address: \_\_\_\_\_  
(PLEASE PRINT FULL ADDRESS)

Home phone number: \_\_\_\_\_

Mobile phone no: \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship to the membership holder is: \_\_\_\_\_

## Declaration

I authorise \_\_\_\_\_ the same rights to operate the Ambulance  
(PLEASE PRINT FULL NAME)

Cover membership as I have, however only I can cancel or remove myself from the membership. Authorisation is given at my own risk and I accept and have no recourse against SA Ambulance Service for any omissions or changes made by the authorised person.

Signature of member: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of authorised person: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_