



1112 Pierneef Street, Villieria, Pretoria

+27 82 523 0678
marais@idainvestigation.com
www.idainvestigation.com

MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE FORM IN BLACK INK

EMAIL COMPLETE FORM TO marais@idainvestigation.com

1. APPLICANT'S PERSONAL DETAIL

Title: Initials: Surname: Nick name:
Full names:
ID or Passport nr:
Home Address:
.....
Postal Address: Postal Code:
Employer:.....
Work Address:
Home Tel nr: Work Tel nr:
Cell nr: E-mail address:
Preferred language (Afr / Eng): Newsletter interest (Yes / No):

2. DRIVER'S, CAR AND INSURANCE DETAIL

VEHICLE NR 1

Main driver name:
Vehicle Model: Vehicle Registration:
VIN number: Engine number:
Other drivers: Vehicle Colour:

DRIVER 1 DETAILS:

Full names and Surname:
ID nr: Cell nr:
Driver's license: Code:
Limitations: Valid:

VEHICLE NR 2

Main driver name:

Vehicle Model: Vehicle Registration:
 VIN number: Engine number:
 Other drivers: Vehicle Colour:

DRIVER 2 DETAILS:

Full names and Surname:
 ID nr: Cell nr:
 Driver's license: Code:
 Limitations: Valid:

VEHICLE NR 3

Main driver name:
 Vehicle Model: Vehicle Registration:
 VIN number: Engine number:
 Other drivers: Vehicle Colour:

DRIVER 3 DETAILS:

Full names and Surname:
 ID nr: Cell nr:
 Driver's license: Code:
 Limitations: Valid:

Insurance Company: **Policy nr:**

3. MEDICAL DETAIL

Medical Aid name: Med Aid nr:
 Medical Aid Plan: Main Member:
 No. of dependants: **(Please attach copy of Medical Aid card)**
 GP's name: Doctor's nr:

Mark applicable below with X and specify allergy

High Blood Pressure	
Low Blood sugar	
Pace Maker	
Asthma	
Diabetes	
Kidney Failure	
Epilepsy	
Contact lenses	
Hearing Impaired	
Dementia	
Allergies	

Any other conditions	

4. NEXT OF KIN

Supply 2, not living with member or together. Preferably 1 from each family side

Next of kin details nr 1:

Full names and surname: Nick name:

Address:

.....

Home Tel nr: Work Tel nr:

Cell: E-mail address:

Relationship:

Next of kin details nr 2:

Full names and surname: Nick name:

Address:

.....

Home Tel nr: Work Tel nr:

Cell: E-mail address:

Relationship:

5. Office use only

Client ref nr:

Sticker nr 1: Sticker nr 2:

Number of cars in household:

Number of family members in household:

Payment method (EFT/ Debit order):

Company banking details supplied for EFT payments (Yes/No):