

REGISTRATION FORM

Applicant Details:

Title:					Full Names																						
Mr	Mrs	Ms	Dr	Prof	Surname																						
Date of Birth:					ID Number / Passport																						
Y	Y	Y	Y	M	M	D	D	Preferred Language:					Gender:		M	F											
Residential Address										Postal Address																	
Province										C	O	D	E	Province										C	O	D	E
Mobile No					Home No.					Work No.																	
Email					Occupation:																						

PAYMENT DETAILS

Annual Licence Costs

SELECT A PACKAGE			Credit/Debit Card Payments	X	Visa/Master Card Payments Online Payments									
X	R2500	Full Library (+ 800 Courses)	Wallet One	X	Use your wallet one application to make payment									
X	Amount	Custom Package Details	EFT / Cash Deposits	X	FNB : Got-Game Digital Account No : 62539016445 Acc Type : Cheque Account Branch No : 250655 Reference : Name & Surname									
			Eduloan Instalments (Full Library Package)	12	R321.44	24	R201.91	36	R162.06					

CASH BACK / PAY IT FORWARD DETAILS

Agent or Payback / Pay it forward Beneficiary (Only applicable if the Full Library Package is selected):

AGENT DETAILS					Beneficiary Name:									
CAPTURE AGENT CODE OR NAME					Beneficiary Contact No.									
Account Holders Name:					Preference:					Bank Transfer		Wallet One		
Account Type:		Cheque Account	X	Savings Account	X	Transmission Account	X	Bank:						
Account Number:		Branch Code:												

I hereby agree and accept the terms and conditions set forth below, and declare that all information provided herein is correct and accurate; this letter of agreement will become a binding agreement between Got-Game Digital and myself. A confirmation email with login details will be sent to the email address or cell number above once payment reflects in our account and the application has been processed which is around 48hrs.

Signed : _____

Date: _____

NB: Completed Application and proof of payment can be sent by:

EMAIL : register@got-game.co.za or
FAX : +2710 020 3410

For further information please contact our offices on +2710 020 3410 or info@got-game.co.za