STRAND

BUURTWAG / NEIGHBOURHOOD WATCH

IDENTIFICATION CARD APPLICATION FORM

FIRST NAME:		**SURNAME:**	
ID NUMBER		**CELL NUMBER**	
ADDRESS			
DOCTORS NAME		**DR. TELEPHONE NO:**	
MEDICAL AID NAME		**MEDICAL AID NUMBER**	
NEXT OF KIN - NAME		**NEXT OF KIN-TEL. NO**	
MEMBERS SIGNATURE		**APPLICATION DATE**	

FOR OFFICE USE ONLY			
COMPLETED APPLICATION		**DATE**	
SIGNED INDEMNITY		**DATE**	
FINGER PRINTS TAKEN		**DATE**	
TRAINED BY		**TRAINING DATE**	
REFLECTIVE VEST ISSUED		**DATE:**	
ID CARD NUMBER		**RECEIVED:**	

350MM X 450 MM
PASSPORT SIZE COLOUR PHOTO
(ATTACH X 1 TO FORM)
(ATTACH X 1 TO ID CARD

NOTES