

Membership Application Form



Name of Driving School:

Website Address:

Instructor Details:

(After your account has been setup, you can login and add more instructors to your account)

Title: First Name: Last Name:

Telephone: Cellphone: Fax:

Email Address:

Postal Address:

..... Code:

Learners Lessons: for Driving Codes:

Driving Lessons: for Driving Codes:

Cities/Suburbs Covered:

..... Province:.....

Languages Lessons Offered in:

Account Details:

Username: Password:.....

You will need the above Username and Password to login to iDRIVE.co.za. Also your Username will form your iDRIVE.co.za address. (eg. <http://www.idrive.co.za/your-driving-school>)

- Membership Level: Unverified Driving Instructor *(no proof of instructor license required)*
 Verified Driving Instructor *(send proof of instructors license with application)*
 Verified Driving Instructor and SAIDI member (SAIDI ID:

- Payment Option: Monthly Debit Order *(send completed debit order form attached with application)*
 Pre-paid cash deposit or EFT into the iDRIVE.co.za bank account

Send us your application form:

Fax : 086 563 3639

Email : info@idrive.co.za

Post : 401 Piazza on Chruch, 32 Parliament Steet, Cape Town, 8001

For enquiries, please call: 0723 999 888

DEBIT ORDER INSTRUCTION



Name(Debtor) : _____

Address : _____

Date : _____

Dear Sirs/Madams

The details of my banking account are as follows:

BANK : _____

BRANCH TOWN : _____

BRANCH NUMBER : _____

ACCOUNT NUMBER : _____

TYPE OF ACCOUNT : _____ (e.g. savings, current, transmission)

I hereby request and authorize you to draw against my account with the above mentioned bank (or any other bank or branch to which I may transfer my account) the amount necessary for payment of the monthly membership services due to you in respect of our agreement dated _____.

All such withdrawals from my bank account by you shall be treated as though they had been signed by me personally.

I, the undersigned, "instruct" and authorize your agent AGSI (Automated Computer Services International) trading as A & G Computer Services, acting on behalf of iDRIVE.co.za, to draw against my account with the above-mentioned bank. I understand that the withdrawals here authorized will be processed by computer through a system known as the ACB Magnetic Tape Service and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher.

I agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by means of giving you thirty days notice in writing, sent by prepaid registered post, but I understand that I shall not be entitled to any refund of amounts, which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.

Assignment:

I acknowledge that the party hereby authorized to effect the drawing(s) against my account may not cede or assign any of its rights to any third party without my written consent and that I may not delegate any of my obligations in terms of this contract/authority to any third party without prior written consent of the authorized party

Signed at _____ on this ____ day of _____ 2009

SIGNATURE AS USED FOR SIGNING CHEQUES

(Please complete this form and fax to us at 086 563 3639)