

Card Application Form

Email the form to ellie@samf.ac.za

A. Beneficiary Details: (You may choose to support up to 3 beneficiaries)
This request is for a: New Card Replacement Card Change Beneficiary Link to Woolworths
If you are a current MySchool supporter, please provide your card number.
Your card no:
Beneficiary name City / Region
1.
2.
3.
B. Your Details: Title: Gender: Male Female Date of birth: Y Y Y M M D D
First Name:
Surname:
ID or Passport Number:* *Your ID or Passport number is compulsed in order for us to proceed your application.
*Your ID or Passport number is compulsory in order for us to process your application Postal Address:
(For card delivery)
Postal Code:
E-mail Address:
Cellphone: Telephone: Telephone:
C. Keep me Informed: We respect you too much to ever spam you or rent out your personal information without your permission. MySchool MyVillage MyPlanet will send you a monthly e-mail statement reflecting your transactions and funds raised. 1. MySchool MyVillage MyPlanet Communication preferences: MySchool would like to keep you updated. You may opt out of communication at any time. I DO NOT WANT Email
Participants must be 18 years or older, reside in South Africa, have a South Africa ID number or foreign passport number and have a physical address and contact details within South Africa • Participation in the MySchool MyVillage MyPlanet programme is conditional upon the participant accepting to receive the MySchool MyVillage MyPlanet monthly Supporter Statement (reflecting funds raised and beneficiary allocation) • During promotions winners will be notified electronically (telephone or email) providing that the necessary contact information has been supplied at the point of application • All Woolworths Store, Visa and Difference card holders who have linked their card to the MySchool MyVillage MyPlanet programme are subject to these terms and conditions. (To link your cards please contact our call centre) • The card is to be used by one person only and only for their own purchases • Funds raised by the cardholder will be split equally between the beneficiaries selected (only registered beneficiaries may be selected) • For the full terms and conditions please visit our website. I hereby confirm that the details supplied above are correct and true. I acknowledge that I have read and understood the terms and conditions.

_Date___

Your Signature_____