



APPLICATION FORM 2022

To be completed by a parent/legal guardian (BLOCK CAPITALS PLEASE):

Name of school

Child's Details:

Forenames _____ Surname

Date of birth ____/____/____ Please tick: Male Female Height: _____ cms

Home address

Postcode _____

Home telephone number _____ Daytime telephone number

Mobile number _____ Email Address

Date transport required from ____/____/____

515 Palms Office Park
Nupen Crescent
Halfway House
Midrand
1685

Tel: +27 (11) 205 0580
Fax: 086 440 0869
Cell: +27 84 926 2675
E: info@saferiderz.co.za
w: www.saferiderz.co.za



Change of home address (if applicable):

Previous home address

_____ Postcode _____ Date of move
____/____/____

Does your child suffer from any medical condition which requires medication or intervention during the journey?

Please tick appropriate box: Yes No If Yes specify

Declaration:

I certify that the information I have given is correct, and that I will advise the office immediately of a change of address or other circumstances.

Parent/legal guardian's signature _____ Date
____/____/____

Please print name in BLOCK CAPITALS: Mr/Mrs/Miss/Ms

YOUR APPLICATION WILL BE RETURNED IF THIS FORM IS NOT SIGNED

SMS Agreement (Optional):

I agree to receive sms/whats App/email from Safe Riderz driver confirming dropping my child at home.

Parent/Guardian Signature:

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SF Manager:

FOR OFFICE USE ONLY:

Boarding Point:		Destination Point:	
Car /bus		Transport arranged by school/Parents	
Cost Per Month: R700		Transport operator: Safe Riderz Group t/a Safe Riderz School Transport	
Start date:	Pick up Time:	Driver:	

Additional comments (office use only)

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Payment Advice

Term & Conditions

1. The cost for transport during the school year 2022 is R700 per month. Payment **must be** deposited into Safe Riderz Personal Chauffeuring Services account before 31st of every month. Please send your proof of payment to info@saferiderz.co.za
2. Payment must be made in full for 12 months.
3. Cost of transport will increase by 10% in February every year.

Instructions: Please complete all sections below and return to: info@saferiderz.co.za

School...	
Child's Full Name:	Date of Birth:
Address:	
.....	Postcode:
Home Telephone Number:	Daytime Telephone Number:
Email address:	

Method of Payment	✓
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Transport Required	✓
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A Deposit money into Safe Riderz account every month		Mornings	
B Deposit full year amount into Safe Riderz account & get 10% discount		Afternoons	

Bank: First National Bank
Acc Holder: Safe Riderz Personal Chauffeuring Services
Acc Number: 62456945933
Acc Type: Business Current/Cheque
Branch: Carlswald
Branch Code: 250117

I confirm that I have read, understood and agreed to terms & conditions for Safe Riderz School Transport Services

Signed: Date:

Please print your name: Mr/Mrs/Miss/Ms/Dr

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