

Newsletter Subscription Form

NB: Please PRINT in BLACK INK – then fax to (021) 794-0635

Full Name:

Telephone number: Cell:

Email address: Fax No:

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.....Postal Code.....

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Privacy policy: We will not sell, trade or give your details to anyone – they are safe with us!

Please read the statement below, and sign:

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Signed:

BANKING DETAILS:

| | | | |
|------------------------|--|----------------------|------------|
| Name: | SALLY-ANN CREED CLINICAL NUTRITIONIST CC | | |
| Bank: | Standard Bank, Constantia | Branch Code: | 025309 |
| Account Number: | 275 670 872 | Account Type: | Marketlink |

Please note: Your name **MUST** be quoted on any bank transfers made. When doing internet transfers, bank deposits or any other form of payment other than credit card, please quote your NAME and NEWSLETTER. If you wish to use a credit card, continue:

Your Name as it appears on your Card:

Number on Credit Card:

Last 3 digits on back of card: Expiry Date:

Type of card: (ie. Master, Visa)

I agree to have Sally-Ann Creed debit my credit card to the value of **R350.00** (three hundred and fifty Rand only) for one year's subscription to the Newsletter.

Cardholder's Signature:

Please ensure that your server will allow this through – no refunds due to computer problems.

Your proof of payment must accompany this application if your card details are omitted. For people outside of South Africa – sorry, we take credit cards only.