



## FAX APPLICATION

DATE : \_\_\_\_\_

FAX TO : **086 5498 877**

SUBJECT : **HoneyStays Subscription**

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Please fill in the following details and fax back to HoneyStays on the above number.

Title: \_\_\_\_\_ (Dr, Miss, Mr, Mrs)

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

ID number/Passport: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Alternate number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Where did you hear about The Honeyguide? \_\_\_\_\_

**FOR DEBIT ORDER ONLY:**

I have read the terms and conditions and I hereby authorize HoneyStays to debit my account for **R35** per month for **12 months**.

In addition to the above will be a **once off R100 administration charge** which will be debited with my first debit.

Account Holder Name: \_\_\_\_\_

Account Type: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Branch Name: \_\_\_\_\_

Branch Code: \_\_\_\_\_

Account number: \_\_\_\_\_

Date on which you are paid/date for debit order: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_