

# S A S A - SOUTH AFRICAN STUNT ASSOCIATION

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## APPLICATION FORM

YOUR PERSONAL DETAILS	
NAME	
SURNAME	
DATE OF BIRTH (DD/MM/YEAR)	
ID NUMBER	
HOME ADDRESS	
	CITY: POSTAL CODE:
MOBILE NUMBER	
HOME NUMBER	
EMAIL ADDRESS	

Please attach a copy of your ID to this application.

YOUR NEXT OF KIN DETAILS			
NAME			
SURNAME			
RELATIONSHIP (eg. Father)			
EMAIL ADDRESS			
CONTACT NUMBER	CELL:		H/W:

YOUR MEDICAL SCHEME / HOSPITAL PLAN DETAILS			
ARE YOU ON A HOSPITAL PLAN?	YES		NO
HOSPITAL PLAN PROVIDER			
PACKAGE TYPE			
POLICY NUMBER			

PLEASE SELECT (Mark with 'X' in appropriate field/s)					
ASSISTANT RIGGER		ENTRY LEVEL STUNT PERFORMER		STUNT DRIVER	
RIGGER		STUNT PERFORMER		STUNT COORDINATOR	
KEY RIGGER		ASSISTANT COORDINATOR		FIGHT CHOREOGRAPHER	

YOUR BANKING DETAILS	
BANK	
ACCOUNT HOLDER	
ACCOUNT NUMBER	
ACCOUNT TYPE	
BRANCH	
BRANCH CODE	
TAX NUMBER	

SASA BANKING DETAILS	
BANK	STANDARD BANK
ACCOUNT NAME	THE SOUTH AFRICAN STUNT ASSOCIATION
ACCOUNT NUMBER	07 030 960 4
BRANCH	THIBAUT SQUARE
BRANCH CODE	02 0909
REFERENCE	Please use your Surname and Initial as reference, eg. Smith J

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

SIGNATURE: \_\_\_\_\_