

# Once you have completed these forms submit them via email to sales@safelife.com.au

# Programming Request form

### **Customer Information**

|  |  |
| --- | --- |
| Purchaser name: |  |
| Pendant wearer name: |  |
| Order number (necessary): |  |

### **Basic Programming**

|  |  |  |
| --- | --- | --- |
| Emergency Contact # | Name | Mobile number: |
| Contact 1 |  |  |
| Contact 2 (optional) |  |  |
| Contact 3 (optional) |  |  |
| Contact 4 (optional) |  |  |
| Contact 5 (optional) |  |  |

### **Set Up Information**

|  |  |
| --- | --- |
| What state do you live in (for Time Zone): |  |
| Falls Detection: |  YESNO |



# ALDI MOBILE SIM CARD ACTIVATION FORM

*If you wish to provide your own SIM card or wish to activate it yourself DO NOT fill in this form*

### **SIM Card Holders Information -** Who’s details would you like your Aldi Mobile account under?

|  |  |
| --- | --- |
| First Name: |  |
| Middle Name: |  |
| Last Name |  |
| Active Contact Number: |  |
| Email address: |  |
| Create an Aldi Mobile Telephone Security Pin - Must be 4 digits: |  |
| Title |  MrMrs  Ms |
| D.O.B: |  |
| Address: Po boxes are not accepted |  |



|  |  |
| --- | --- |
| **Identification for SIM Activation – Choose either Passport, Medicare card, or Drivers License** | |
| **Driver’s License** | |
| License number: |  |
| Drivers License State: |  |
| **Or Medicare Card** | |
| Medicare Number: Must be 10 digits |  |
| Individual Name Number: |  |
| Colour of Card: |  |
| Card Expiry: |  |
| **Or Passport** | |
| Passport number: |  |
| Passport Nationality: |  |