



Name: \_\_\_\_\_  
 Account No: \_\_\_\_\_  
 Contact No: \_\_\_\_\_  
 Email: \_\_\_\_\_

Throw any one or combination of these hands below:

Bronze	Silver	Gold	Platinum	Palladium
\$ 2,000.00	\$ 6,000.00	\$ 10,000.00	\$ 20,000.00	\$ 50,000.00

Write the number of hands required beside your Package/ Plan of Choice

\_\_\_ Bronze \_\_\_ Silver \_\_\_ Gold \_\_\_ Platinum \_\_\_ Palladium  
 \_\_\_ 6 Months \_\_\_ 9 Months \_\_\_ 12 Months

Total amount to be deducted for Partner: \$ \_\_\_\_\_ per month

I will pay my Partner Contributions:

Weekly  Fortnightly  Monthly  Over the counter

**Declaration:**

This verifies that I fully understand the terms that govern the Partner Plus to include its duration, number of late payments allowed, penalties for breach of late payments and early closure, and the expected contributions for each package.

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

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



Name: \_\_\_\_\_  
 Account No: \_\_\_\_\_  
 Contact No: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

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