



MOUNTAIN LAKE PHARMACY

**PECANWOOD COLLEGE PRE-PAID ACCOUNT**

NAME OF GUARDIAN/PARENT: .....

ID/PASSPORT NUMBER: .....DOB: .....

**CONTACT DETAILS:**

TEL NUMBER HOME: .....

TEL NUMBER WORK: .....

CELL NUMBER: .....

E-MAIL ADDRESS: .....

POSTAL ADDRESS: .....

NAME OF LEARNER: .....

LEARNER'S ID NO: .....DOB: .....

CELL PHONE NUMBER OF LEARNER.....

**NEXT OF KIN**

NAME: .....

TEL NUMBER HOME: .....

CELL NUMBER: .....

MEDICAL AID NAME & NUMBER: .....

LEARNER'S DEPENDANT NUMBER: .....

VERY IMPORTANT: NAME ANY ALLERGIES: .....

**PLEASE NOTE THAT PARENTS/GAURDIANS WILL BE FULLY RESPONSIBLE FOR THE PRE-PAID ACCOUNT AND NO MEDICATION WILL BE GIVEN OUT WITHOUT SUFFICIENT FUNDS**

SIGNATURE: .....

DATE: .....

**BANKING DETAILS:**

Mountain Lake Pharmacy / ABSA Cheque Account # 4051141590 / Branch Code: 632005

Fax #: 0866 238 061

E-mail address: [mountainlakepharmacy@gmail.com](mailto:mountainlakepharmacy@gmail.com)

