

# e-Bike Registration Form



ABN 73 138 308 899

## Your Details (Please Print Clearly)

Title: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Sex: Male / Female \_\_\_\_\_  
Family Name: \_\_\_\_\_ DOB: / / \_\_\_\_\_  
Address: \_\_\_\_\_  
Town/City: \_\_\_\_\_ State: \_\_\_\_\_ P/Code: \_\_\_\_\_  
Telephone: (H) \_\_\_\_\_ (M) \_\_\_\_\_ (W) \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## Student Information

Student Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

## Loan Period

Collection Date: / /  Return Date: / /

## Security Bond Payment

Cash  Cheque  Credit Card Total Upfront Payment: \_\_\_\_\_

## Bank Account Details

Name of Institution:   
1. Branch   
2. Name of Account holder(s):   
3. BSB  -   
4. Account number

## OFFICE USE ONLY

Bike Number:  Serial No:   
Contract Attached:  Sign Out Sheet Completed:  Sign In Sheet Completed:   
Maintenance Report Attached:   
SportUNE Representative Checked: \_\_\_\_\_ Date: / /