



# Kalahari Research Trust

Kuruman River Reserve  
P.O. Box 64, Van Zylsrus 8467  
Northern Cape, South Africa

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Reg. No: IT29/2000 (K)

Reserve Manager:  
Tel: +27 (0)73 2369 704  
reservemanager@kalahariresearch.org

Accounts:  
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accounts@kalahariresearch.org

ABSA Cheque Account: 4080693192  
Branch code: 632005 Swift code: ABSAZAJJ  
IBAN: ABSAJJ 632005 4080693192

## Emergency Contact Information Form

*This information will be extremely important in the event of an accident or medical emergency. Please be sure to sign and date this form.*

### Personal Contact Information:

First Name(s): \_\_\_\_\_ Last Name \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ Cellphone \_\_\_\_\_ Email Address: \_\_\_\_\_

Passport Number \_\_\_\_\_ Date of Expiry

**Home Address:** Street: \_\_\_\_\_ Postal Code \_\_\_\_\_  
City \_\_\_\_\_ Country \_\_\_\_\_

### Primary Emergency Contact

First Name(s): \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number (Home) \_\_\_\_\_ Cellphone \_\_\_\_\_

### Secondary Emergency Contact

First Name(s): \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number (Home) \_\_\_\_\_ Cellphone \_\_\_\_\_

### Insurance Information

Company: \_\_\_\_\_ Policy Number \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Medical Information

Known Allergies: \_\_\_\_\_ Blood Type: \_\_\_\_\_

**Comments:** *Please include any special medical or personal information that would be viable for a medical emergency care provider to know.*

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