

INTERNATIONAL SUBSCRIPTION FORM

New / Renewal \$85 (6 issues) \$155 (12 issues)

My details are as follows: (please print)

Title: _____ 1st Name: _____ 2nd Name: _____ Surname: _____

Postal Address: _____

City: _____ State: _____

Zip/Code: _____ Country: _____

Tel: _____ Fax: _____

Cell: _____ Email: _____ Birth date: _____

Payment as follows:

Deposit/Transfer for: \$ _____ To: RNA Subs FNB Bank Account no: 6210 4927 259
Branch code: 25 50 05 00 Branch: Corporate a/c JHB

Debit order: Transmission Cheque account Deducted on the 15 or 30

3 6 9 12 months

Credit card: Visa Master Diners American Express

Card no:

Expiry details: / CVC no: (last 3 digits on reverse side):

month year

NOTE: Only credit card payments or bank transfers. No cheques.

Card holder's name as on the card: _____

Signature: _____ Date: _____

Subscriptions can be sent to: RNA Subscriptions, 12 Noble Street, Industria West, 1700, South Africa

Tel: + 27 11 473-8700 / Fax: + 27 11 474-5479 or Email: subs@rnad.co.za (Photocopies accepted)

SUBSCRIPTION FORM FOR SOUTH AFRICAN RESIDENTS ONLY

Republic of South Africa R205 (6 issues) R400 (12 issues)

My details are as follows: (please print)

Title: _____ 1st Name: _____ 2nd Name: _____ Surname: _____

Postal Address: _____

City: _____ Province: _____

Code: _____ Tel: _____ Fax: _____

Cell: _____ Email: _____ Birth date: _____

Payment as follows:

Cheque/Postal Order enclosed for: R _____ Made out to: Tight Lines (Pty) Ltd

Deposit/Transfer for: R _____ To: RNA Subs FNB Bank Account no: 6210 4927 259
Branch code: 25 50 05 00 Branch: Corporate a/c JHB

Debit order: Transmission Cheque account Deducted on the 15 or 30

3 6 9 12 months

Credit card: Visa Master Diners American Express

Card no:

Expiry details: / CVC no: (last 3 digits on reverse side):

month year

Card holder's name as on the card: _____

Signature: _____ Date: _____

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