



Application form

Post to: LegalWise, Private Bag 00489, Gaborone, Botswana or Private Bag 218, Francistown, Botswana or fax to +267 395 1627

Yes please

I want up to P86 000 of legal power as a LegalWise Member for P86 per month

Surname Title: Prof/Mr/Mrs/Ms/Dr/Rev

First name/s

Postal address

Code

Physical address

Code

Date of birth

ID No

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Or passport number if not Botswana or South African

Nationality

Tel home() Tel work() Fax()

Cell Email

Employer's name Employer's tel()

Nominated beneficiary

Legal expenses insurance for accidental death of main Member

Name

Surname

Relationship to Member

ID no

Date of birth

Cell no

My salary payday is the of every month which is also my debit order deduction date Your salary no:

Please cross the applicable block:

I wish to pay P86 every month by Stop Order salary deduction. Please arrange this with my employer. Attached is a signed Stop Order authority form and a copy of my payslip.

I wish to pay P86 every month by Debit Order on my bank or Credit Card account. Details are given below. Note: Debit order deductions are possible on all accounts.

I wish to pay every month by Cash payment at a LegalWise Branch with no surcharge.

Name of bank

Branch Branch code

Account / Debit Card number

Type of account: Cheque Savings Credit card Name on Credit Card

Credit Card Expiry Date Credit Card CVV No

I hereby authorise Hollard/LegalWise to arrange deduction(s) and or deduction(s) of arrear(s) from my salary by means of stop order with my employer, or a debit order from my bank account. I acknowledge that Hollard/LegalWise may not cede or assign any of its rights to a third party without my written consent. I may not delegate my obligations in terms of this authority to a third party without prior written consent from Hollard/LegalWise. This authority may be cancelled by me by giving Hollard/LegalWise thirty days written notice. I agree that in the event of unsuccessful collections on the preferred deduction date, that an alternative date may be selected by Hollard/LegalWise.

Signature of premium payer Signature of Member

Note: No cash to be paid to independent contractors.

Insurance cover starts 3 months after the date on which the policy has been issued to you by us and is subject to the standard provisions in the LegalWise policy which will be sent to you. Money back guarantee: Conditions and exclusions apply. They are contained in the Membership Agreement that will be sent to you. You have 90 days from the date of first issue of the policy to peruse the policy terms and conditions. Should you feel that the policy is not suitable for your requirements, you may cancel and request a refund in writing within 30 days of the expiry of the 90 days.

Legal Expenses Insurance Botswana (Pty) Limited (Reg. No. 2008/8650) Cert. No. 2/9/170 Underwritten by the Hollard Insurance Company of Botswana (Pty) Limited (Reg. No. 2005/654) Registered insurance broker (NBFIRA)

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