



## Your application details

Suite 302, 3rd Floor East-Wing, Turnstar House, Plot 1131-37, Queens Road, Main Mall, Gaborone, Botswana, Private Bag 00489, Gaborone, Botswana. Tel +267 395 1560/395 1578, Fax +267 395 1627  
www.legalwise.co.bw



Say it! Don't talk to me, talk to my lawyer

The ticked options below are your selection including the Extended Family Protection Benefit in Section 8

<b>P100</b> <input type="checkbox"/> Standard Membership = P100 per month	<b>+P20</b> <input type="checkbox"/> Add Profession Specific Plan for the Main Member or Nominated Spouse/Life Partner +P20 per month	<b>+P40</b> <input type="checkbox"/> Add Profession Specific Plan for both the Main Member and Nominated Spouse/Life Partner P20+P20 = P40 per month	<b>+P</b> <input type="checkbox"/> Add Extended Family Protection Benefit at P64 each per month. X <input type="text"/> Family Members = P <input type="text"/> per month	<b>TOTAL OF ALL TICKED OPTIONS</b> P <input style="width: 100px; height: 30px;" type="text"/> <b>TOTAL MONTHLY PREMIUM</b>
---	--	---	--	--

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.



## SECTION 2. Employer Details

Employer

Employee No

Employer Tel No

Salary Pay Date

## SECTION 3. Legal Expenses Accidental Death Benefit - Nominated Beneficiary Details

### PART A. Nominated Beneficiary Personal Details

ID Type  ID  Passport If Passport, expiry date

ID/Passport No           Nationality  Motswana  Other

First Name

Surname

Date of Birth         Title

Relation to Main Member

### PART B

Tel Mobile       Tel Home

Fax No

E-Mail

## SECTION 4. Premium Payer

Is the Main Member the Premium Payer?  Yes  No

If the Main Member is not the Premium Payer, please complete part A & B below

### PART A. Premium Payer Personal Details

ID Type  ID  Passport If Passport, expiry date

ID/Passport No           Nationality  Motswana  Other

First Name

Surname

Date of Birth         Title

### PART B

Tel Mobile 1       Tel Home

Tel Mobile 2       Fax No

E-Mail

## SECTION 5. Payment Details

### Payment Method

Debit Order  Stop Order  Credit Card  Debit Card

TOTAL OF ALL  
TICKED OPTIONS  
TOTAL MONTHLY  
PREMIUM

P

For all payment methods, please complete the information below.

Name of Bank

Account Type  Branch Code

Name of Account Holder

Account No

If Credit Card, Expiry Date  Deduction Day  1  15  20  25  31

If Debit Card, Expiry Date  Deduction Day  1  15  20  25  31

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.

Bank Account Holder Signature

Date  Y  Y  Y  Y  M  M  D  D

## SECTION 6. Nominated Spouse/Life Partner

### PART A Personal Details

ID Type  ID  Passport If Passport, expiry date  Y  Y  Y  Y  M  M  D  D

ID/Passport No  Nationality  Motswana  Other

First Name

Surname

Date of Birth  Y  Y  Y  Y  M  M  D  D Title

### PART B. Contact Details

Tel Mobile       Tel Home

Fax No

E-Mail

## SECTION 7. Teacher, Health Care Professional and Law Enforcement Officer Benefits

Add the the Teacher, Healthcare Professional and Law Enforcement Officer Benefit for you or both you and your Nominated Spouse/Life Partner for an additional P20 per Insured per month.

- Teacher Legal Plan (Main Member)  Teacher Legal Plan (Spouse/Life Partner)
- Law Enforcement Officer Legal Plan (Main Member)  Law Enforcement Officer Legal Plan (Spouse/Life Partner)
- Health Care Professional Legal Plan (Main Member)  Health Care Professional Legal Plan (Spouse/Life Partner)

The ticked options below are your selection including the Extended Family Protection Benefit in section 8

<p><b>P100</b> <input type="checkbox"/></p> <p>Standard Membership = P100 per month</p>	<p><b>+P20</b> <input type="checkbox"/></p> <p>Add Profession Specific Plan for the Main Member or Nominated Spouse/Life Partner +P20 per month</p>	<p><b>+P40</b> <input type="checkbox"/></p> <p>Add Profession Specific Plan for both the Main Member and Nominated Spouse/Life Partner P20+P20 = P40 per month</p>	<p><b>+P</b> <input type="text"/></p> <p>Add Extended Family Protection Benefit at P64 each per month.</p> <p>X <input type="text"/> Family Members</p> <p>= P <input type="text"/> per month</p>	<p><b>TOTAL OF ALL TICKED OPTIONS</b></p> <p>P <input type="text"/></p> <p><b>TOTAL MONTHLY PREMIUM</b></p>
---	---	--	---	---

## SECTION 8. Extended Family Protection Benefit option.

Add the Extended Family Protection Benefit. P64 per Family Member per month.

Fill in the names and details of up to 5 extended Family Members. NB. Do not add your own children under the age of 18 as they are already covered under your LegalWise Membership.

<b>1</b>																	
First Name & Surname																	
Your relationship with person/s																	
<input type="checkbox"/> Parent/s					<input type="checkbox"/> Parent/s-in-law					<input type="checkbox"/> Child over 21							
<input type="checkbox"/> Sister					<input type="checkbox"/> Brother					<input type="checkbox"/> Sister/brother-in-law							
Date of Birth										Y	Y	Y	Y	M	M	D	D
ID number										Cell/Tel							
Postal address																	

<b>2</b>																	
First Name & Surname																	
Your relationship with person/s																	
<input type="checkbox"/> Parent/s					<input type="checkbox"/> Parent/s-in-law					<input type="checkbox"/> Child over 21							
<input type="checkbox"/> Sister					<input type="checkbox"/> Brother					<input type="checkbox"/> Sister/brother-in-law							
Date of Birth										Y	Y	Y	Y	M	M	D	D
ID number										Cell/Tel							
Postal address																	

<b>3</b>																	
First Name & Surname																	
Your relationship with person/s																	
<input type="checkbox"/> Parent/s					<input type="checkbox"/> Parent/s-in-law					<input type="checkbox"/> Child over 21							
<input type="checkbox"/> Sister					<input type="checkbox"/> Brother					<input type="checkbox"/> Sister/brother-in-law							
Date of Birth										Y	Y	Y	Y	M	M	D	D
ID number										Cell/Tel							
Postal address																	

<b>4</b>																	
First Name & Surname																	
Your relationship with person/s																	
<input type="checkbox"/> Parent/s					<input type="checkbox"/> Parent/s-in-law					<input type="checkbox"/> Child over 21							
<input type="checkbox"/> Sister					<input type="checkbox"/> Brother					<input type="checkbox"/> Sister/brother-in-law							
Date of Birth										Y	Y	Y	Y	M	M	D	D
ID number										Cell/Tel							
Postal address																	

<b>5</b>																	
First Name & Surname																	
Your relationship with person/s																	
<input type="checkbox"/> Parent/s					<input type="checkbox"/> Parent/s-in-law					<input type="checkbox"/> Child over 21							
<input type="checkbox"/> Sister					<input type="checkbox"/> Brother					<input type="checkbox"/> Sister/brother-in-law							
Date of Birth										Y	Y	Y	Y	M	M	D	D
ID number										Cell/Tel							
Postal address																	

## SECTION 9. Authorisation by the Main Member/Premium Payer

I, the undersigned, confirm that all the details provided are correct and that I am applying for LegalWise Membership. I have read and understand the Statutory Notice attached hereto. Further, I consent to my information being used for the purposes of LegalWise related services only. I also confirm that no financial advice was provided to me nor was a financial needs analysis conducted by the Independent Contractor on behalf of LegalWise.

Main Member/ Premium Payer Signature																	
Date of Application										Y	Y	Y	Y	M	M	D	D

## SECTION 10. For office use only - Independent Contractor Details

Independent Contractor Code					Independent Contractor Signature				
-----------------------------	--	--	--	--	----------------------------------	--	--	--	--

## Statutory Disclosure Notice to Short-Term Insurance Members in terms of the NBFIRA Policy Holder Protection Rules.

**Important - Please read carefully (this notice does not form part of the insurance contract or any other document)**

As a Short-Term Insurance Member, or prospective Member, you have the right to the following information:

### 1. About the Insurer and the Broker:

#### (a) Details and legal status of the Insurer and Broker:

The Broker: Legal Expenses Insurance Botswana (Pty) Limited (Reg. No. BW00000622146) (Cert. No. 2/9/170) (herein after referred to as Leza LegalWise Botswana) is underwritten by the Hollard Insurance Company of Botswana Proprietary Limited.

Leza LegalWise Botswana is a registered as an Insurance Broker at the Non-Bank Financial Institutions Regulatory Authority (NBFIRA).

The Insurer: Hollard Botswana is a duly registered short-term insurer. Reg. No. 2005/654. Postal address: P. O. Box 45029, Gaborone. Physical address: Plot 70667, 2nd Floor, Building 2 (Tower), Sections 14A, 14B, 14C, 14D, Fairscape Precinct, Fairgrounds, Gaborone.  
Tel: +267 395 8023. Fax: +267 395 8024.  
(Hollard Botswana is an authorised General Insurance Provider).  
You will be informed of any material changes to the information above.

#### (b) Contact details of the Insurer's compliance function:

The Hollard Compliance Officer: Era Stix Maseko. Contact number: Tel: +267 395 8023. Email: eram@hollardins.co.bw

(c) **Type of policy:** Hollard provides a short-term personal legal expenses insurance policy.

(d) **How to institute a claim:** Details on how to institute a claim and your responsibilities are set out in the policy document which can be viewed on our website at [www.legalwise.co.bw](http://www.legalwise.co.bw)

(e) **Complaints resolution procedure:** Should you wish to lodge complaint regarding the service rendered to you, you may address your **complaint** to the consultants in our LegalWise Customer Care Department on Tel: 080 056 3070 or e-mail: [customercare@legalwise.co.bw](mailto:customercare@legalwise.co.bw). Your complaint should be in writing and include full details and all relevant documentation.

(f) **Conflict of Interest Policy:** LegalWise Botswana has adopted a policy to avoid and mitigate any potential conflicts of interest. The conflict of interest policy is available at [www.legalwise.co.bw](http://www.legalwise.co.bw)

(g) **The nature and extent of commission which may become payable by LegalWise Botswana:** Independent Contractors earn an acquisition fee of P328 for every policy application completed, if a policy is subsequently issued by the Insurer.

(h) **Professional Indemnity Insurance:** LegalWise Botswana has professional indemnity insurance in place to a limit of P1 000 000.

(i) **Contact Details: Leza LegalWise Botswana Principal Officer:** Etienne Malan. 3rd Floor Turnstar House, Plot 1131-37, Queens Road, Main Mall. Gaborone: Private Bag 00489, Gaborone. Tel: +267 3951560/3951578, Fax: +267 395 1627. [emalan@legalwise.co.bw](mailto:emalan@legalwise.co.bw)

### 2. Other matters of importance:

(a) Collection of personal information. The collection of relevant personal information is required to render an efficient service to you. The information collected will relate directly to the rendering of legal services and processing of claims, and will be processed lawfully. Failure by yourself to provide us with the mandatory information may result in a delay or repudiation of your legal expenses insurance. LegalWise Botswana will retain the information as is reasonably necessary and it will not deny you your rights to access information or object to the processing of information on lawful grounds.

(b) The period of indemnity commences three months from the date that the policy is issued.

(c) If you are a paid up Member of any other legal expenses insurer, we will waive the 3 month waiting period. We may ask you to provide proof of such.

(d) 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.

(e) You remain responsible for the accuracy and completeness of all answers / information provided by you.

(f) You are requested not to sign any blank or partially completed documents. All documents must be completed in ink.

(g) It is important that you, as a Member, are aware of your premium obligations. You may elect to pay your premium either by means of debit order, stop order, credit card, debit card or cash payments. Premiums are payable in advance on the 1st of each month and must be paid by the 15th of each month. The due date of the premiums and the consequences of non-payment of premiums are important. This information is indicated in the policy document.

(h) If a premium is paid by debit order:

(1) it may only be in favour of one person and may not be transferred without your approval; and

(2) LegalWise Botswana must inform you at least 30 days before the cancellation thereof, in writing, of its intention to cancel such debit order.

(3) You will be provided with written notification of any claim that is rejected or any decision taken in respect of any quantum in dispute. Should you disagree with the rejection of the claim / decision taken in respect of quantum, you may make representations to us, within 90 days from date of rejection / decision regarding quantum.

(i) LegalWise Botswana will not cancel your policy without first giving you 30 days written notice of intention to cancel the policy. Any variations to your existing policy will be advised to you in writing. When we change a term or increase the premium, you accept that we can notify you in any reasonable manner at our discretion.

(j) Note that no person or provider may request or induce you in any manner to waive any right or benefit conferred on you in terms of any provisions contained in the Policy Holder Protection Rules.

(k) You are entitled to a full copy of the policy. If you have not received a copy within 30 days, please contact us without delay.

(l) This statutory disclosure notice has been issued for information purposes only. For complete terms and conditions, please refer to all documents in the fulfilment pack.

(m) Particulars of the Non-Bank Financial Institutions Regulatory Authority (NBFIRA) who is available to advise you in the event of claim problems which are not satisfactorily resolved by the insurer:

Non-Bank Financial Institutions Regulatory Authority (NBFIRA)  
Exponential Building, Plot 54351 New CBD, (Off PG Matante Road),  
Gaborone, Botswana. Private Bag 00314, Gaborone, Botswana.  
Tel: +267 310 2595.