



Official Claim Form (Botswana)

The Fields Precinct, Plot 54349, Office Block B, First Floor,
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Kindly ensure that this entire form is completed and signed by both the Lawyer and the LegalWise Member.

Please write clearly using CAPITAL letters and one letter per block. Fill in from the left and leave a blank box as a space between words.

Lawyer's details

Legal firm	<input type="text"/>
Lawyer's name	<input type="text"/>
Tel No	<input type="text"/>
E-Mail	<input type="text"/>

Are you prepared to represent our Member in terms of the LegalWise Membership Agreement and LegalWise Tariffs?

Answer ☐ Yes ☐ No

If you answered no to the abovementioned question, are you prepared to assist Our Member in so far as your assistance is required to enable Our Member to comply with the relevant provisions of the Membership Agreement in order for Us to assess the claim? If cover is confirmed are you prepared to assist Our Member to obtain payment from Us for your fees for which the Company may be liable to your client in terms of any written Confirmation of Cover and in terms of Our Tariff?

Answer ☐ Yes ☐ No

Lawyer's Signature	<input type="text"/>	Date	<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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Member's details

Name	<input type="text"/>		
Membership No	<input type="text"/>	ID No	<input type="text"/>
Contact Tel No	<input type="text"/>		
E-Mail	<input type="text"/>		

I accept that if my Lawyer is not prepared to work in accordance with the LegalWise Membership Agreement and LegalWise Tariffs, that I will be personally liable for the difference.

I understand that LegalWise shall not be liable, unless a written Confirmation of Cover is issued to me or my appointed Lawyer.

Answer ☐ Yes ☐ No

Member's Signature	<input type="text"/>	Date	<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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Details of the Matter

Who does the matter relate to?

☐

Main Member

☐

Spouse/Life Partner

☐

Child

☐

Extended Family Member

If a child, is the child financially dependent on the Main Member and a fulltime scholar?

Answer

☐

Yes

☐

No

ID No of child

or date of birth

Type of matter

☐

Civil

☐

Criminal

☐

Labour

Date upon which the matter arose

Quantum of the matter

Proposed course of action

Jurisdiction

If a criminal matter. Any previous convictions? If yes, please list charges and dates convicted of same.

If a criminal matter. What is the charge?

Documentation enclosed herewith, or to be forwarded upon receipt

These are the most commonly required documents. We will advise you should any additional documents be required.

Please tick box where applicable

	Enclosed <input checked="" type="checkbox"/>	To be forwarded <input checked="" type="checkbox"/>
General (See Note 3)		
1. Copy of the Member's Identity Document/Card or Passport.	<input type="checkbox"/>	<input type="checkbox"/>
2. If legal representation is sought for any person other than the Member, kindly see 2.1 and 2.2 below.	<input type="checkbox"/>	<input type="checkbox"/>
2.1 If the matter concerns the Member's Spouse/Life Partner, a copy of the first page of the Spouse's/Life Partner's Identity Document/Card or Passport and documentary proof of the marriage or relationship.	<input type="checkbox"/>	<input type="checkbox"/>
2.2 If the matter concerns the Member's or Spouse's/Life Partner's child/ren below 18:		
2.2.1 A copy of the child/ren's Birth Certificate/s and/or the first page of the Identity Document/s.	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Children between 18 and 21:		
2.3.1 Birth Certificate/s or a copy of the Identity Document/s /Card/s or Passport/s.	<input type="checkbox"/>	<input type="checkbox"/>
2.3.2 Documentary proof of child/ren in school or studying full-time at a recognised tertiary institution.	<input type="checkbox"/>	<input type="checkbox"/>
2.3.3 Proof of financial dependence.	<input type="checkbox"/>	<input type="checkbox"/>
Criminal matters		
3. A copy of the charge sheet and annexures thereto.	<input type="checkbox"/>	<input type="checkbox"/>
4. Statement by the Member confirming that he/she has not been convicted:		
a. Of a similar offence in the previous three years.	<input type="checkbox"/>	<input type="checkbox"/>
b. Of a serious offence in the previous six years.	<input type="checkbox"/>	<input type="checkbox"/>
5. Clearance Certificate, upon conclusion of the trial.	<input type="checkbox"/>	<input type="checkbox"/>
Civil matters		
6. Documentary proof of when the dispute arose, the subject matter of the dispute and the quantum involved, e.g.:	<input type="checkbox"/>	<input type="checkbox"/>
6.1 Copy of the demand or summons.	<input type="checkbox"/>	<input type="checkbox"/>
6.2 Copy of the Road Accident Report.	<input type="checkbox"/>	<input type="checkbox"/>
6.3 An affidavit by the Member confirming relevant dates, which do not appear on documents submitted.	<input type="checkbox"/>	<input type="checkbox"/>
6.4 Copy of registration certificate proving ownership of vehicle.	<input type="checkbox"/>	<input type="checkbox"/>
6.5 Copy of repair quotations.	<input type="checkbox"/>	<input type="checkbox"/>
6.6 Copy of agreement or other document/correspondence giving rise to, or concerning the dispute.	<input type="checkbox"/>	<input type="checkbox"/>
7. Estimate of the quantum of any claim by the Member.	<input type="checkbox"/>	<input type="checkbox"/>
8. Copy of affidavit taken from the Member.	<input type="checkbox"/>	<input type="checkbox"/>
Labour matters		
9. Copy of affidavit taken from the Member.	<input type="checkbox"/>	<input type="checkbox"/>
10. Documentary proof of when the dispute arose (i.e. letter of dismissal, letter of retrenchment, letter of appointment, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
11. Details of matter which constitutes an unfair labour practice not referred to above.	<input type="checkbox"/>	<input type="checkbox"/>