



## Retrenchment Benefit Claim Form

The Fields Precinct, Plot 54349, Office Block B, First Floor,  
Left Wing, Corner of Molepolole Rd and Western Commercial Rd,  
Central Business District, Gaborone.  
Private Bag 00489, Gaborone, Botswana.  
Tel +267 395 1560/395 1578, Fax +267 395 1627  
botswana@legalwise.co.bw, www.legalwise.co.bw

**NB. Please attach a certified copy of the main Member's official retrenchment letter issued by the Employer.**

*Terms and Conditions Apply*

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.

### 1. Main Member's Personal Details

Membership No																			
Surname													Title						
First Name/s																			
ID No											Date of Birth	Y	Y	Y	Y	M	M	D	D
Tel No										Tel Mobile									
E-Mail																			

### 2. Employer's Details

Name of Employer																			
Occupation																			
Address																			
																Postal Code			
Tel No										Tel Mobile									
Date of Retrenchment	Y	Y	Y	Y	M	M	D	D											

Leza LegalWise Botswana are committed to protecting your privacy. By providing your personal information, you consent to your information being collected in order to gain access to our products and services. Your information will be used properly, lawfully, securely and transparently for the purpose for which it is intended, namely, the administration and further maintenance of your insurance product/s. You confirm that the consent provided to us, is given on behalf of yourself, your minor dependents or any other Person to be added to your Membership, where you acknowledge and warrant that you have their permission to give such consent.

You are also consenting that Leza LegalWise Botswana may use your information to contact you regarding changes or updates about your insurance product/s and that Leza LegalWise Botswana may use your information in improving our product offering. If you do not want to receive any future product or service offerings from Leza LegalWise Botswana, then inform Us by contacting Member Administration on +267 395 1560.

**I, the undersigned, confirm that all the details provided are correct. Further, I consent to my information being used for the purposes of Leza LegalWise Botswana related services only.**

Main Member's Signature

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Date

Y	Y	Y	Y	M	M	D	D
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## Disablement Benefit Claim Form

The Fields Precinct, Plot 54349, Office Block B, First Floor,  
Left Wing, Corner of Molepolole Rd and Western Commercial Rd,  
Central Business District, Gaborone.  
Private Bag 00489, Gaborone, Botswana.  
Tel +267 395 1560/395 1578, Fax +267 395 1627  
botswana@legalwise.co.bw, www.legalwise.co.bw

**NB. Please attach a certified copy of the Doctor's report confirming that the main Member is disabled.**

*Terms and Conditions Apply*

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.

### 1. Main Member's Personal Details

Membership No																			
Surname													Title						
First Name/s																			
ID No											Date of Birth	Y	Y	Y	Y	M	M	D	D
Tel No											Tel Mobile								
E-Mail																			

### 2. Details of Doctor who examined the main Member

Name of Doctor																			
Practice Address																			
															Postal Code				
Tel No											Tel Mobile								
Date of Accident	Y	Y	Y	Y	M	M	D	D											

For Office Use Only

Date that Member reported Incident Y Y Y Y M M D D

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**I, the undersigned, confirm that all the details provided are correct. Further, I consent to my information being used for the purposes of Leza LegalWise Botswana related services only.**

Main Member's Signature

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Date

Y	Y	Y	Y	M	M	D	D
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