

## Membership Change Request 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.

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

Membership No
Only complete the appropriate sections to confirm a change in Membership details.  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.
SECTION 1. Change of Membership Option
I would like to switch my Membership option to:  Gold Platinum P385  Platinum P385
I would like to cancel my Membership Reason
SECTION 2. Change of Premium Payer
I would like to change the Premium Payer of my Membership:
Is the Member the Premium Payer Yes No
If the 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 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. Premium Payer Contact Details————————————————————————————————————
Tel Mobile 1 Tel Home
Tel Mobile 2
E-Mail



BOMCRF

I would like to change the payment method/account details to:																									
I would like to	char	nge t	he p	aym	ent r	neth	od/a	ccou	ınt d	letail	s to:														
Payment Method	ı	S	Gover Stop C	nmer Order	nt			loyee Orde			Cred	it Car	d [	D	ebit (	Card		Del	oit Or	der		Card	d		
For all payment	met	hods	, exc	ept ca	ash, j	please	e con	nplet	e the	info	rmat	tion b	elow	7.											
Name of Bank																									
Account Type																	Bran	ich Co	ode						
Name of Account Holder																									
Account No																									
If Credit Card, Ex	piry l	Date						De	duct	ion D	ay	1	-	15		20		25		31	_				
If Debit Card, Exp	iry Date Deduction Day 1															20		25		31	_				
Card No																									
debit order from m deduction date, that In the event that t authority may con Further, I authorise I acknowledge that > Leza LegalWise E	orise Leza LegalWise Botswana to arrange deduction(s) and or deduction(s) of arrear(s) from my salary by means of stop order with my employer of commy selected bank account. I agree that in the event that there are two (2) consecutive unsuccessful/or insufficient funds collections on the prefers te, that an alternative date and card number may be selected by Leza LegalWise Botswana.  It that there are two (2) unsuccessful deductions, Leza LegalWise Botswana as above can also cancel my mandate and obtain a new mandate. They continue, until cancelled by me giving Leza LegalWise Botswana 31 days notice.  In orise Leza LegalWise Botswana to track my selected account/card.  It is botswana may not cede or assign any of its rights to a third party without my written consent.  It is botswana may not cede or assign any of third party without prior written consent from Leza LegalWise Botswana.															ferred									
Bank Account Holder Signature	:															Dat	e	YY	7 3	YY	7	M	M	D	D
SECTION 4									efic	iary	7 De	tails	s for	Leg	gal I	Exp	ense	es A	ccio	leni	tal I	)eat	h Be	enei	fit
PART A. Nomir	nated	a Ber	efic:	ıary .	Pers	onal .	Deta	.1ls —			Г							1							
ID Type		ID		Pa	asspo	rt 	If Pa	sspor	t, exp	oiry d	ate	Y	Y	Y	Y	М	М	D	D	<u> </u>					
ID/Passport No														Natio	onali	ty	1	Motsv	<i>r</i> ana		Ot	her			
First Name																									
Surname																									
Date of Birth	Y	Y	Y	Y	M	M	I	) I		Т	itle														
Relation to Member																									
PART B. Nomir	nated	l Ber	efic	iary (	Cont	act D	)etai	ls —																	
Tel Mobile																									
Tel Home																									
								- 1	- 1	1															

## **SECTION 5. Optional Benefits** I would like to ADD the Profession Specific Legal Plan Benefit for an additional P22 per Insured per month Teacher Legal Plan (Main Member) Teacher Legal Plan (Spouse/Life Partner)\* Enforcement Officer Legal Plan (Main Member) Enforcement Officer Legal Plan (Spouse/Life Partner)\* Health Care Professional Legal Plan (Main Member) Health Care Professional Legal Plan (Spouse/Life Partner)\* I would like to CANCEL the Profession Specific Legal Plan Benefit Teacher Legal Plan (Main Member) Teacher Legal Plan (Spouse/Life Partner)\* Enforcement Officer Legal Plan (Main Member) Enforcement Officer Legal Plan (Spouse/Life Partner)\* Health Care Professional Legal Plan (Main Member) Health Care Professional Legal Plan (Spouse/Life Partner)\* \*If selected details must be completed in the form in Section 6. I would like to ADD the LegalWise Extended Family Protection Benefit for an additional P79 per Insured per month as per details in the form/s in Section 8 I would like to CANCEL the LegalWise Extended Family Protection Benefit as per details in the form/s in Section 8 SECTION 6. Nominated Spouse/Life Partner PART A. 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 Member PART B. Contact Details Tel Mobile Tel Home

SECTION	SECTION 7. Place of Residence																					
I would like to change my Place of Residence																						
Place of Residence																						
																	Pos	tal Cc	ode			

E-Mail

## SECTION 8. Insured Individual – Extended Family Protection Benefit

The Extended Family Protection Benefit is limited to 5 Members. Please note however that parents (mother and father) and parents-in law (mother-in law and father-in-law) each count as one Member, if they are married and living together only. Details of both parents and/or parents-in-law must be included below if you would like to add or cancel the Benefit for your parents and/or parents-in-law.

1 Family M	mily Member's Personal Details I am adding this per											n		I am	can	.celli	ng th	nis pe	ersor	1				
ID Type		ID		Pā	asspo:	rt	If Pa	sspoi	rt, ex	piry d	ate	Y	Y	Y	Y	M	M	D	D					
ID/Passport No														Nati	onali	ty	]	Motsv	vana		0	ther		
First Name																								
Surname																								
Date of Birth	Y	Y	Y	Y	M	M		) ]	D	7	itle													
Relation to Member																								
Tel Mobile																								
Tel Home																								
E-Mail																								
2 Family M	1-		D	1	Data	.,																		
ID Type		er's I	Perso		nsspo:					piry d	Г	y Y	Y	I an	r car	M	ng ti	nis pe	erso					
			Perso								Г		Y	Y		M	Μ	1	D		0	ther		
ID Type			Perso								Γ		Y	Y	Y	M	Μ	D	D		0	ther		
ID Type ID/Passport No			Perso								Γ		Y	Y	Y	M	Μ	D	D		0	ther		
ID Type ID/Passport No First Name			Y			rt	If Pa	sspoi		piry d	Γ		Y	Y	Y	M	Μ	D	D		0	ther		
ID Type ID/Passport No First Name Surname		ID		Pa	asspo	rt	If Pa	sspoi	rt, exj	piry d	ate [		Y	Y	Y	M	Μ	D	D		0	ther		
ID Type ID/Passport No First Name Surname Date of Birth Relation to		ID		Pa	asspo	rt	If Pa	sspoi	rt, exj	piry d	ate [		Y	Y	Y	M	Μ	D	D		0	ther		
ID Type ID/Passport No First Name Surname Date of Birth Relation to Member		ID		Pa	asspo	rt	If Pa	sspoi	rt, exj	piry d	ate [		Y	Y	Y	M	Μ	D	D		0	ther		

Family M	nily Member's Personal Details I am adding this person I am cancelling this person  ID Passport If Passport, expiry date Y Y Y Y M M D D																							
ID Type		ID		Pá	asspo	rt	If Pa	sspo	rt, exp	oiry d	late	Y	Y	Y	Y	Μ	Μ	D	D					
ID/Passport No														Nati	onali	ty		Mots	wana		0	ther	 	
First Name																								
Surname																								
Date of Birth	Y	Y	Y	Y	M	M	I		D	-	Γitle													
Relation to Member																								
Tel Mobile																								
Tel Home																								
E-Mail																								
									•			•											 '	
4 Family N	Member's Personal Details I am adding this person I am cancelling this person  ID Passport If Passport, expiry date Y Y Y Y M M D D																							
ID Type		ID		Pā	asspo	rt	If Pa	sspo	rt, exp	oiry d	late	Y	Y	Y	Y	M	М	D	D					
ID/Passport No														Nati	onali	ty		Mots	wana		0	ther	 	
First Name																								
Surname																								
Date of Birth	Y	Y	Y	Y	M	M	I		D	-	Γitle													
Relation to Member																								
Tel Mobile													•		•	•							 	
Tel Home																								
E-Mail																								
5 Family M	lemb	oer's l	Perso	onal	Deta	ils I	am	add	ing t	his p	perso	on		I an	ı car	ıcelli	ng tl	his p	erso	n				
ID Type		ID		Pa	asspo	rt	If Pa	sspo	rt, exp	oiry d	late	Y	Y	Y	Y	M	Μ	D	D					
ID/Passport No														Nati	onali	ty		Mots	wana		0	ther		
First Name																								
Surname																								
Date of Birth	Y	Y	Y	Y	M	M	I		D	-	Γitle						-						 	
Relation to Member																								
Tel Mobile									<del> </del>			1	1	1	<u> </u>	<u> </u>		1	1	I		<u> </u>	 	
Tel Home									+															
E-Mail																								
													1											

6 Family M															I am cancelling this person											
ID Type		ID		Pa	asspo	rt	If Pa	asspo	ort, ex	piry d	late	Y	Y	Y	Y	М	М	D	D							
ID/Passport No														Nati	onali	ty		Mots	wana		c	ther				
First Name																										
Surname																										
Date of Birth	Y	Y	Y	Y	M	M		D	D	,	Γitle															
Relation to Member																										
Tel Mobile																										
Tel Home																										
E-Mail																										
									•																	
7 Family M	7 Family Member's Personal Details I am adding this person I am cancelling this person																									
ID Type		ID		Pa	asspo	rt	If Pa	asspc	ort, ex	piry d	late	Y	Y	Y	Y	M	M	D	D							
ID/Passport No														Nati	onali	ty		Mots	wana		C	ther				
First Name																										
Surname																										
Date of Birth	Y	Y	Y	Y	M	M		D	D		Γitle															
Relation to Member																										
Tel Mobile												•					•							•		
Tel Home								İ																		
E-Mail																										
					•			•	•													•				
SECTION	9. A	uth	oris	atic	n b	v th	e M	lem	ber																	
Leza LegalWise B collected in order which it is intend given on behalf o	otswa to gai ed, n f you:	ana ai nacc amely rself, y	re cor ess to r, the rour r	mmitt our p admi: ninor	ed to roduc nistra depe	prote ets and tion a	cting d serv	g you rices. urthe	ır priv Your r mai	racy. I infori ntena	matic nce c	on will of you	be us r insu	ed pro irance	perly proc	r, lawf duct/s	ully, s . You	ecure conf	ly and irm th	l trans at the	spare e con	ntly fo	or the provi	purpo ded to	ose for us, is	
have their permiss You are also cons product/s and tha	sentir t Leza	rg tha Lega	t Leza	a Lega Botsv	alWise wana	may u	ise y	our ir	nform	ation	in im	provi	ng ou	r prod	luct o	fferin	g. If y	ou do	not w	ant to						
or service offering  I, the undersign	ed, co	onfirr	n tha	t all t	he de					-		_									l for	the p	urpo	ses o	f Leza	
LegalWise Botsw	ana r	elated	serv	ices o	oniy.								7													
														5.						<i>c</i> 3		_	_			
Signature														Date	Y	Y	Y	Y		1 I	ΛŢ	ח	ח			
													T													
For Office Use C	Only (	Campai	ign Cc	de				II	ndepei	ndent (	Contra	actor C	ode						Inde	pende	nt Co:	ntracto	or Sigr	nature		