



### SECTION 3. Change to Payment Details

I would like to change the payment method/account details to:

Payment Method ☐ Government Stop Order ☐ Employee Stop Order ☐ Credit Card ☐ Debit Card ☐ Debit Order ☐ Card

For all payment methods, except cash, please complete the information below.

Name of Bank	<input type="text"/>																								
Account Type	<input type="text"/>												Branch Code	<input type="text"/>											
Name of Account Holder	<input type="text"/>																								
Account No	<input type="text"/>																								
If Credit Card, Expiry Date	<input type="text"/>		<input type="text"/>																						
Deduction Day	<input type="text"/>		<input type="text"/>																						
If Debit Card, Expiry Date	<input type="text"/>		<input type="text"/>																						
Deduction Day	<input type="text"/>		<input type="text"/>																						
Card No	<input type="text"/>																								

I hereby authorise 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 or a debit order from my selected bank account. I agree that in the event that there are two (2) consecutive unsuccessful/or insufficient funds collections on the preferred deduction date, that an alternative date and card number may be selected by Leza LegalWise Botswana.

In the event that there are two (2) unsuccessful deductions, Leza LegalWise Botswana as above can also cancel my mandate and obtain a new mandate. This authority may continue, until cancelled by me giving Leza LegalWise Botswana 31 days notice.

Further, I authorise Leza LegalWise Botswana to track my selected account/card.

I acknowledge that:

- > Leza LegalWise Botswana may not cede or assign any of its rights to a third party without my written consent.
- > I cannot delegate my obligations in terms of this authority to a third party without prior written consent from Leza LegalWise Botswana.

Bank Account Holder 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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### SECTION 4. Change of Nominated Beneficiary Details for Legal Expenses Accidental Death Benefit

#### PART A. Nominated Beneficiary Personal Details

ID Type	<input type="checkbox"/> ID	<input type="checkbox"/> Passport	If Passport, expiry date	<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"/>	<input type="text"/>					
ID/Passport No	<input type="text"/>												Nationality	<input type="checkbox"/> Botswana	<input type="checkbox"/> Other									
First Name	<input type="text"/>																							
Surname	<input type="text"/>																							
Date of Birth	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Relation to Member	<input type="text"/>																							

#### PART B. Nominated Beneficiary Contact Details

Tel Mobile	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Tel Home	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
E-Mail	<input type="text"/>																							

## SECTION 5. Optional Benefits

I would like to ADD the Profession Specific Legal Plan Benefit for an additional P22 per Insured per month

<input type="checkbox"/>	Teacher Legal Plan (Main Member)	<input type="checkbox"/>	Teacher Legal Plan (Spouse/Life Partner)*
<input type="checkbox"/>	Enforcement Officer Legal Plan (Main Member)	<input type="checkbox"/>	Enforcement Officer Legal Plan (Spouse/Life Partner)*
<input type="checkbox"/>	Health Care Professional Legal Plan (Main Member)	<input type="checkbox"/>	Health Care Professional Legal Plan (Spouse/Life Partner)*

**I would like to CANCEL the Profession Specific Legal Plan Benefit**

<input type="checkbox"/>	Teacher Legal Plan (Main Member)	<input type="checkbox"/>	Teacher Legal Plan (Spouse/Life Partner)*
<input type="checkbox"/>	Enforcement Officer Legal Plan (Main Member)	<input type="checkbox"/>	Enforcement Officer Legal Plan (Spouse/Life Partner)*
<input type="checkbox"/>	Health Care Professional Legal Plan (Main Member)	<input type="checkbox"/>	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

[illegible]

**PART B. Contact Details** \_\_\_\_\_

Tel Mobile																										
Tel Home																										
E-Mail																										

## SECTION 7. Place of Residence

**I would like to change my Place of Residence**

[illegible]

## 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 Member's Personal Details

I am adding this person

☐

I am cancelling this person

☐

ID Type	<input type="checkbox"/> ID	<input type="checkbox"/> Passport	If Passport, expiry date	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="M"/> <input type="text" value="M"/>	<input type="text" value="D"/> <input type="text" value="D"/>																						
ID/Passport 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"/>	Nationality	<input type="checkbox"/> Botswana	<input type="checkbox"/> Other														
First Name	<input type="text"/>																											
Surname	<input type="text"/>																											
Date of Birth	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="M"/> <input type="text" value="M"/>	<input type="text" value="D"/> <input type="text" value="D"/>	Title	<input type="text"/>																							
Relation to Member	<input type="text"/>																											
Tel Mobile	<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"/>	<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"/>
Tel Home	<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"/>	<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"/>
E-Mail	<input type="text"/>																											

**2**

Family Member's Personal Details

I am adding this person

☐

I am cancelling this person

☐

ID Type	<input type="checkbox"/> ID	<input type="checkbox"/> Passport	If Passport, expiry date	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="M"/> <input type="text" value="M"/>	<input type="text" value="D"/> <input type="text" value="D"/>																						
ID/Passport 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"/>	Nationality	<input type="checkbox"/> Botswana	<input type="checkbox"/> Other														
First Name	<input type="text"/>																											
Surname	<input type="text"/>																											
Date of Birth	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="M"/> <input type="text" value="M"/>	<input type="text" value="D"/> <input type="text" value="D"/>	Title	<input type="text"/>																							
Relation to Member	<input type="text"/>																											
Tel Mobile	<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"/>	<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"/>
Tel Home	<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"/>	<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"/>
E-Mail	<input type="text"/>																											

3

Family Member's Personal Details

I am adding this person

☐

I am cancelling this person

☐

ID Type

☐

ID

☐

Passport

If Passport, expiry date

ID/Passport No

Nationality

☐

Motswana

☐

Other

First Name

Surname

Date of Birth

Title

Relation to Member

Tel Mobile

Tel Home

E-Mail

4

Family Member's Personal Details

I am adding this person

☐

I am cancelling this person

☐

ID Type

☐

ID

☐

Passport

If Passport, expiry date

ID/Passport No

Nationality

☐

Motswana

☐

Other

First Name

Surname

Date of Birth

6

Family Member's Personal Details

I am adding this person

☐

I am cancelling this person

☐

ID Type

☐

ID

☐

Passport

If Passport, expiry date

ID/Passport No

Nationality

☐

Motswana

☐

Other

First Name

Surname

Date of Birth

Title

Relation to Member

Tel Mobile

Tel Home

E-Mail

7

Family Member's Personal Details

I am adding this person

☐

I am cancelling this person

☐

ID Type

☐

ID

☐

Passport

If Passport, expiry date

ID/Passport No

Nationality

☐

Motswana

☐

Other

First Name

Surname

Date of Birth

Title

Relation to Member

Tel Mobile

Tel Home

E-Mail

## SECTION 9. Authorisation by the Member

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.**

Signature

Date

For Office Use Only Campaign Code

Independent Contractor Code