



Personal Details 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.
Private Bag 00489, Gaborone, Botswana.
Tel +267 395 1560/395 1578, Fax +267 395 1627
botswana@legalwise.co.bw, www.legalwise.co.bw

For Office Use Only	Campaign Code	Independent Contractor Code	Independent Contractor Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Membership No

Only complete the appropriate sections to confirm a change in personal 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 Main Member's Personal Details

PART A

ID Type	<input type="text"/> ID	<input type="text"/> Passport	If Passport, expiry date	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> M <input type="text"/> M	<input type="text"/> D <input type="text"/> D
ID/Passport No	<input type="text"/>	<input type="text"/>	Nationality	<input type="text"/> Botswana	<input type="text"/> Other	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> M <input type="text"/> M	<input type="text"/> D <input type="text"/> D	Title	<input type="text"/>	<input type="text"/>

PART B - COMPULSORY

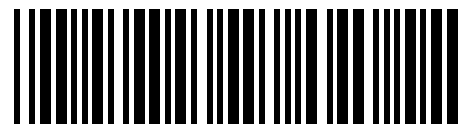
Tel Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tel Home	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-Mail	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART C

Preferred Correspondence Address	<input type="text"/> PO Box	<input type="text"/> Private Bag
Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

PART D - COMPULSORY

Place of Residence	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>



BOPDUF

PART E

I consent to receiving marketing material from LegalWise

☐

Yes

☐

No

I consent to receiving marketing material from the LEZA Group

☐

Yes

☐

No

Preferred Method of Communication

☐

E-Mail

☐

SMS/MMS

☐

Phone

☐

Post

SECTION 2. Change of Employer Details

Employer

Employee No

Employer Tel No

Salary Pay Date

SECTION 3. Change of Insured Individuals, if not the Main Member**PART A Personal Details**

ID Type

☐

ID

☐

Passport

If Passport, expiry date

ID/Passport No

Nationality

☐

Motswana

☐

Other

First Name

Surname

Date of Birth

Relation to Member

PART B Contact Details

Tel Mobile

Tel Home

E-Mail

SECTION 4. 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