

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 Local Authority Stop Order Debit Card Credit Card Debit Order

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

Name of Bank

Account Type Branch Code

Name of Account Holder

Account No

If Credit Card, Expiry Date Deduction Day 1 15 20 25 31

If Debit Card, Expiry Date Deduction Day 1 15 20 25 31

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 bank account 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 Date

SECTION 4. Change of Nominated Beneficiary Details for Legal Expenses Accidental Death Benefit

PART A. Nominated Beneficiary 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. Nominated Beneficiary Contact Details

Tel Mobile

Tel Home

E-Mail

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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

Relation to Member

Tel Mobile

Tel Home

E-Mail

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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

Relation to Member

Tel Mobile

Tel Home

E-Mail

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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

Relation to Member

Tel Mobile

Tel Home

E-Mail

