

Application for Insurance

1. Personal Details (Complete in print)

| | | | | | |
|----------------------|--|------------|--------|-------|------|
| Full Names & Surname | | | | Title | |
| Entity Name | | | | | |
| Email | | | | | |
| ID / Reg. Number | | Cell | | | |
| Postal Address | | Work | | | |
| | | Home | | | |
| | | Language | A | | E |
| Postal Code | | Preference | E-Mail | | Post |

2. Type of Policy (Mark with an "x")

| | Monthly Debit | Once-off Admin Fee |
|--|---------------|--------------------|
| <input type="checkbox"/> Protector | R 60.00 | R 60.00 |
| <input type="checkbox"/> Individual | R 110.00 | R 110.00 |
| <input type="checkbox"/> Family | R 140.00 | R 140.00 |
| <input type="checkbox"/> Business Silver | R 250.00 | R 250.00 |
| <input type="checkbox"/> Business Gold | R 350.00 | R 350.00 |

Please Note:

*Amounts include VAT.

*Administration fee is levied with the first deduction.

*Refer to Terms and Conditions.

*Bank statement reference: "Legalex"

3. Nominees (Protector and Family Policies cover spouses and minor children under 18 years)

| | Full Names and Surname | Date of Birth / Identity Number |
|-----------|------------------------|---------------------------------|
| Spouse | | |
| 1st Child | | |
| 2nd Child | | |
| 3rd Child | | |
| 4th Child | | |

4. Banking Details (No post office accounts)

| | | | | | | | | | |
|---------------------|-------|--|------|-------------|------------|---|---------|----|----|
| Account Holder Name | | | | Branch | | | | | |
| Bank | | | | Branch Code | | | | | |
| Account Number | | | | Type | Cheque | | Savings | | |
| 1st Debit | Month | | Year | | Debit Date | 1 | 15 | 20 | 25 |

Signature of Account Holder _____

5. Declaration (Please read)

I, the undersigned, hereby apply for Legal Cost Insurance on the Policy Terms and Conditions. I understand that the Policy will incept upon payment of the first Premium. I acknowledge that the payment of Premiums on the due dates is my responsibility. I understand that if the debit date falls on a weekend or public holiday, it will be raised on the previous or next business day. I hereby authorise the Insurer and its agent(s) to debit my bank account, with amounts due until cancellation of the Policy. I authorise my bank to treat these payment instructions as if issued by me personally. I undertake to notify the Insurer of any changes to my particulars. I understand that any misrepresentation or non-disclosure could lead to loss of benefits, forfeiture of Premiums and cancellation of the Policy. I authorise the Insurer and its business partners to access and use my personal information. I choose the above as my address for service of legal documents. I hereby declare that I am an authorised signatory of the bank account above. I understand that the Legal cost of any Legal Proceeding arising from an Insured Event which occurred before the Date of Cover will not be covered. I, the undersigned confirm that I have read this declaration, understand its contents and implications and personally signed it.

Signature _____

Date _____

Office Use

Marketer Code Date received