

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
<input type="checkbox"/> Protector	R 65,00
<input type="checkbox"/> Individual	R 120,00
<input type="checkbox"/> Family	R 150,00
<input type="checkbox"/> Business Silver	R 280,00
<input type="checkbox"/> Business Gold	R 380,00

Please Note:

*Amounts include VAT.

*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 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 authorise the Insurer and its business partners to access and use of 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 confirm that I have read this declaration, understand its contents and implications and personally signed it.

Signature _____

Date _____

Office Use

Marketer Code Date received