

## 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")

<input type="checkbox"/>	Protector	Monthly Debit	R 70.00
<input type="checkbox"/>	Individual	R 130.00	
<input type="checkbox"/>	Family	R 160.00	
<input type="checkbox"/>	Business Silver	R 300.00	
<input type="checkbox"/>	Business Gold	R 410.00	

**Please Note:**

- \*Amounts include VAT.
- \*Refer to Terms and Conditions.
- \*Bank statement reference: "**Legalex**"
- \*Guaranteed for 12 months.

### 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		1	15
				Debit Date	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 \_\_\_\_\_