

Application for Insurance

1. Personal Details (Complete in print)

Full Names & Surname				Title		
Entity Name						
Email						
ID / Reg. Number		Cell				
Postal Address		Work				
		Home				
Postal Code		Language	A	<input type="checkbox"/>	E	<input type="checkbox"/>
		Preference	E-Mail	<input type="checkbox"/>	Post	<input type="checkbox"/>

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

	Monthly Debit
<input type="checkbox"/> Protector	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	<input type="checkbox"/>	Savings	<input type="checkbox"/>
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 _____