

## Application for Legal Cost Insurance

### 1. Personal Details (Complete in print)

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

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

<input type="checkbox"/>	Protector	Monthly Debit	R 80.00
<input type="checkbox"/>	Individual	R 125.00	
<input type="checkbox"/>	Family	R 175.00	
<input type="checkbox"/>	Business Silver	R 330.00	
<input type="checkbox"/>	Business Gold	R 440.00	

**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 21 years)

	Full Names and Surname	Gender	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	Debit Date	<input type="text" value="1"/> <input type="text" value="15"/> <input type="text" value="20"/> <input type="text" value="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 \_\_\_\_\_

**0861 10 20 92**

**www.autogen.co.za**