

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

PSA Family

Monthly Debit
R 160.00

Please Note:

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



3. Nominees (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. Payment Methods

- I am aware that the choice between salary deduction and debit order is mine alone.
- If I choose salary deduction and it is unsuccessful, I consent to a debit order.
- Preferred payment method (Solely applicant's choice)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Debit order	<input type="checkbox"/>	Salary deduction	<input type="checkbox"/>

5. 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
Salary number				Premium			
Employer department				Rank			

Signature of Account Holder _____

6. 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, the undersigned, hereby authorise my employer department to deduct the monthly premium from my salary from the premium deduction date and to remit it to Guardrisk Insurance Company Limited until I cancel this authorisation in writing or substitute it with a new authorisation. Should the premium be adjusted by the Insurer as a result of a general adjustment or should I request the Insurer to adjust the premium for certain reasons, I confirm that the adjusted premium may be deducted from my salary, until I cancel or substitute this authorisation in writing. 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 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 undertake to notify the Insurer of any changes to my particulars. 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 confirm that I have read this declaration, understand its contents and implications and personally signed it.

Signature _____

Date _____