

Statutory Disclosure Notice to Short-Term Insurance Members

Important - Please read carefully (this notice does not form part of the insurance contract or any other document)

As a Short-Term Insurance Member, or prospective Member, you have the right to the following information:

1. About the Insurer:

(a) Details and legal status of the Insurer and product provider: Legal Expenses Insurance Namibia (Pty) Limited (Reg. No.2012/0878) (herein after referred to as Legalwise Namibia) is underwritten by the Hollard Insurance Company of Namibia Limited.

Hollard Namibia is a duly registered short-term insurer (Reg.No.2003/049).

Postal address: P. O. Box 5077, Ausspannplatz, Windhoek, Republic of Namibia.

Physical address: Jan Jonker Heights Commercial Suite, Cnr Jan Jonker & Thorer Streets, Windhoek. Tel: +264 61 422 300.

(Hollard Namibia is an authorised General Insurance Provider).

LegalWise Namibia is registered as an Insurance Agent at the Namibia Financial Institutions Supervisory Authority (NAMFISA)

You will be informed of any material changes to the information above.

(b) Contact details of the Insurer's compliance function:

The Hollard Compliance Officer: Santie Thorpe. Contact number: Tel: + 264 61 422 631.

Email: sthorpe@hollardnam.com

(c) Type of policy: LegalWise Namibia provides a short-term personal legal expenses insurance policy.

(d) How to institute a claim: Details on how to institute a claim and your responsibilities are set out in the policy document which can be viewed on our website at http://www.legalwise.com.na

(e) Complaints resolution procedure: Should you wish to lodge a complaint regarding the service rendered to you, you may address your complaint to the consultants in our LegalWise Customer Care Department on Tel: 0800 011 181 or e-mail: customercare@legalwise.na. Your complaint should be in writing and include full details and all relevant documentation.

(f) Conflict of Interest Policy: LegalWise Namibia has adopted a policy to avoid and mitigate any potential conflicts of interest. The conflict of interest policy is available at www.legalwise.com.na

(g) The nature and extent of commission which may become payable by LegalWise Namibia: Independent Contractors earn an acquisition fee of N\$328 for every policy application completed, if a policy is subsequently issued by the Insurer.

(h) Professional Indemnity Insurance: LegalWise Namibia has professional indemnity insurance in place to a limit of N\$1 000 000.

2. Other matters of importance:

(a) Collection of personal information. The collection of relevant personal information is required to render an efficient service to you. The information collected will relate directly to the rendering of legal services and processing of claims, and will be processed lawfully. Failure by yourself to provide us with the mandatory information may result in a delay or repudiation of your legal expenses insurance. LegalWise Namibia will retain the information as is reasonably necessary and it will not deny you your rights to access information or object to the processing of information on lawful grounds.

(b) The period of indemnity commences three months from

the date that the policy is issued.

(c) If you are a paid up Member of any other legal expenses insurer, we will waive the 3 month waiting period. We may ask you to provide proof of such.

(d) You have 90 days from the date of first issue of the policy to peruse the policy terms and conditions. Should you feel that the policy is not suitable for your requirements, you may cancel and request a refund in writing within 30 days of the expiry of the 90 days.

(e) You remain responsible for the accuracy and completeness of all answers/information provided by you.

(f) You are requested not to sign any blank or partially completed documents. All documents must be completed in ink.

(g) It is important that you, as a Member, are aware of your premium obligations. You may elect to pay your premium either by means of debit order, debit card, credit card or cash payments. Premiums are payable in advance on the 1st of each month and must be paid by the 15th of each month. The due date of the premiums and the consequences of non-payment of premiums are important. This information is indicated in the policy document.

(h) If a premium is paid by debit order:

(1) it may only be in favour of one person and may not be transferred without your approval; and

(2) the Insurer must inform you at least 30 days before the cancellation thereof, in writing, of its intention to cancel such debit order.

(3) You will be provided with written notification of any claim that is rejected or any decision taken in respect of any quantum in dispute. Should you disagree with the rejection of the claim/decision taken in respect of quantum, you may make representations to us, within 90 days from date of rejection/decision regarding quantum.

(i) LegalWise Namibia will not cancel your policy without first giving you 30 days written notice of intention to cancel the policy. Any variations to your existing policy will be advised to you in writing. When we change a term or increase the premium, you accept that we can notify you in any reasonable manner at our discretion.

(j) Note that no person or provider may request or induce you in any manner to waive any right or benefit conferred on you in terms of any provisions.

(k) You are entitled to a full copy of the policy. If you have not received a copy within 30 days, please contact us without delay.

(l) This statutory disclosure notice has been issued for information purposes only. For complete terms and conditions, please refer to all documents in the fulfilment pack.

(m) The Short-term Insurance Regulator who regulates and supervise non-banking financial institutions in Namibia, is available to advise you in the event of claim problems which are not satisfactorily resolved by the Insurer.

Particulars of the Regulator: Namibia Financial Institutions Supervisory Authority (NAMFISA) Postal address: P.O. Box 21250, Windhoek, Namibia. Physical address: 154 Independence Avenue, Sanlam Centre, 1st Floor, Windhoek, Namibia. Tel: +264 61 290 5000. Email: info@namfisa.com.na

Detach this and hand to applicant

SECTION 8. Extended Family Protection Benefit option.

Add the Extended Family Protection Benefit. N\$72 per Family Member per month.

Fill in the names and details of up to 5 extended Family Members.NB. Do not add your own children under the age of 18 as they are already covered under your LegalWise Membership.

1

First Name & Surname

Your relationship with person/s

☐ Parent/s

☐ Parent/s-in-law

☐ Child over 21

☐ Sister

☐ Brother

☐ Sister/brother-in-law

Date of Birth

Y

Y

Y

Y

M

M

D

D

ID number

Cell/Tel

Postal address

2

First Name & Surname

Your relationship with person/s

☐ Parent/s

☐ Parent/s-in-law

☐ Child over 21

☐ Sister

☐ Brother

☐ Sister/brother-in-law

Date of Birth

Y

Y

Y

Y

M

M

D

D

ID number

Cell/Tel

Postal address

3

First Name & Surname

Your relationship with person/s

☐ Parent/s

☐ Parent/s-in-law

☐ Child over 21

☐ Sister

☐ Brother

☐ Sister/brother-in-law

Date of Birth

Y

Y

Y

Y

M

M

D

D

ID number

Cell/Tel

Postal address

4

First Name & Surname

Your relationship with person/s

☐ Parent/s

☐ Parent/s-in-law

☐ Child over 21

☐ Sister

☐ Brother

☐ Sister/brother-in-law

Date of Birth

Y

Y

Y

Y

M

M

D

D

ID number

Cell/Tel

Postal address

5

First Name & Surname

Your relationship with person/s

☐ Parent/s

☐ Parent/s-in-law

☐ Child over 21

☐ Sister

☐ Brother

☐ Sister/brother-in-law

Date of Birth

Y

Y

Y

Y

M

M

D

D

ID number

Cell/Tel

Postal address

SECTION 9. Authorisation by the Main Member/Premium Payer

I, the undersigned, confirm that all the details provided are correct and that I am applying for LegalWise Membership. I have read and understand the Statutory Notice attached hereto. Further, I consent to my information being used for the purposes of LegalWise related services only. I also confirm that no financial advice was provided to me nor was a financial needs analysis conducted by the Independent Contractor on behalf of LegalWise.

Main Member/
Premium Payer
Signature

Date of Application

Y

Y

Y

Y

M

M

D

D

SECTION 10. For office use only - Independent Contractor Details

Independent
Contractor Code

Independent
Contractor
Signature

Application form

Ground Floor, Trust Centre Building, Cnr Werner List & John Meinert Streets, Windhoek, Namibia,
P.O Box 41153, Ausspannplatz, Windhoek, Namibia.
Tel 061 236 585, Fax 061 236 584, windhoek@legalwise.na

Yes. I would like to become a Member of LegalWise.

Payment Type

☐ Monthly

Membership No

Please write clearly using CAPITAL letters and one letter per block. Fill in from the left and leave a blank box as a space between words.

SECTION 1. Main Member's Personal Details

PART A

ID Type

☐ ID

☐ Passport

If Passport, expiry date

Y

Y

Y

Y

M

M

D

D

ID/Passport No

Nationality

☐ Namibian

☐ Other

First Name

Surname

Date of Birth

Y

Y

Y

Y

M

M

D

D

Title

PART B

Place of
Residence

Postal Code

PART C

Is the Place of Residence the preferred correspondence address?

☐ Yes

☐ No

If the Place of Residence is not the preferred correspondence address please complete below

Preferred Correspondence Address

☐ PO Box

☐ Private Bag

☐ Street Address

Address

Postal Code

PART D

Tel Mobile 1

Tel Home

Tel Mobile 2

Fax No

E-Mail 1

E-Mail 2

Legal Expenses Insurance Namibia (Pty) Limited is a registered Insurance Agent (NAMFISA) (Reg No. 2012/0878)
Directors: CJ Luwes, RW Smith Underwritten by the Hollard Insurance Company of Namibia Limited (Reg. No. 2003/049)
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