

Your application details

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



Say it! Don't talk to me, talk to my lawyer

The ticked options below are your selection including the Extended Family Protection Benefit in Section 8

N\$107 <input type="checkbox"/> Standard Membership = N\$107 per month	+N\$20 <input type="checkbox"/> Add Profession Specific Plan for the Main Member or Nominated Spouse/Life Partner +N\$20 per month	+N\$40 <input type="checkbox"/> Add Profession Specific Plan for both the Main Member and Nominated Spouse/Life Partner N\$20+N\$20 = N\$40 per month	+N\$ <input type="text"/> <input type="checkbox"/> Add Extended Family Protection Benefit at N\$72 each per month. X <input type="text"/> Family Members = N\$ <input type="text"/> per month	TOTAL OF ALL TICKED OPTIONS N\$ <input type="text"/> TOTAL MONTHLY PREMIUM
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Insurance cover starts 3 months after the date on which the policy has been issued to you by us and is subject to the standard provisions in the LegalWise policy which will be sent to you. Money back guarantee: Conditions and exclusions apply. They are contained in the Membership Agreement that will be sent to you. 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.



Application form

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For Office Use Only Campaign Code

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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)

SECTION 2. Employer Details

Employer

Employee No

Employer Tel No

Salary Pay Date

SECTION 3. Legal Expenses Accidental Death Benefit - Nominated Beneficiary Details

PART A. Nominated Beneficiary Personal Details

ID Type ID Passport If Passport, expiry date

ID/Passport No Nationality Namibian Other

First Name

Surname

Date of Birth Title

Relation to Main Member

PART B

Tel Mobile Tel Home

Fax No

E-Mail

SECTION 4. Premium Payer

Is the Main Member the Premium Payer? Yes No

If the Main Member is not the Premium Payer, please complete part A & B below

PART A. Premium Payer Personal Details

ID Type ID Passport If Passport, expiry date

ID/Passport No Nationality Namibian Other

First Name

Surname

Date of Birth Title

PART B

Tel Mobile 1 Tel Home

Tel Mobile 2 Fax No

E-Mail

SECTION 5. Payment Details

Payment Method

Debit Order Stop Order Credit Card Debit Card

TOTAL OF ALL
TICKED OPTIONS
TOTAL MONTHLY
PREMIUM

N\$

For all payment methods, please complete the information below.

Name of Bank																
Account Type											Branch Code					
Name of Account Holder																
Account No																
If Credit Card, Expiry Date					Deduction Day	1	15	20	25	31						
If Debit Card, Expiry Date					Deduction Day	1	15	20	25	31						

I acknowledge that:

1)-Hollard/LegalWise may not cede or assign any of its rights to a third party without my written consent.

-I cannot delegate my obligations in terms of this authority to a third party without prior written consent from Hollard/LegalWise.

2) Enhanced Debit Orders (ENDO)

-I authorise Hollard/LegalWise to arrange deductions and or deductions of arrears by means of a debit order from my selected bank account

-I authorise Hollard/LegalWise to track my account for a period of fourteen(14) days in the event that there are insufficient funds in my nominated account to meet my obligation and

-Re-present the instruction for payment as soon as sufficient funds are available in my account.

-Hollard/LegalWise will cancel my mandate and obtain a new mandate in the event that there are two(2) consecutive unsuccessful presentments.

Bank Account Holder Signature

Date

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

SECTION 6. Nominated Spouse/Life Partner

PART A. Personal Details

ID Type	<input type="checkbox"/> ID	<input type="checkbox"/> Passport	If Passport, expiry date	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td>M</td><td>M</td> <td>D</td><td>D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	
Y	Y	Y	Y	M	M	D	D						
ID/Passport No				Nationality	<input type="checkbox"/> Namibian	<input type="checkbox"/> Other							
First Name													
Surname													
Date of Birth	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td>M</td><td>M</td> <td>D</td><td>D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	Title			
Y	Y	Y	Y	M	M	D	D						

PART B. Contact Details

Tel Mobile				Tel Home				
Fax No								
E-Mail								

SECTION 7. Teacher, Health Care Professional and Law Enforcement Officer Benefits

Add the the Teacher, Healthcare Professional and Law Enforcement Officer Benefit for you or both you and your Nominated Spouse/Life Partner for an additional N\$20 per Insured per month.

- | | |
|--|--|
| <input type="checkbox"/> Teacher Legal Plan (Main Member) | <input type="checkbox"/> Teacher Legal Plan (Spouse/Life Partner) |
| <input type="checkbox"/> Law Enforcement Officer Legal Plan (Main Member) | <input type="checkbox"/> Law Enforcement Officer Legal Plan (Spouse/Life Partner) |
| <input type="checkbox"/> Health Care Professional Legal Plan (Main Member) | <input type="checkbox"/> Health Care Professional Legal Plan (Spouse/Life Partner) |

The ticked options below are your selection including the Extended Family Protection Benefit in section 8

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">N\$107 <input type="checkbox"/></td> </tr> <tr> <td>Standard Membership = N\$107 per month</td> </tr> </table>	N\$107 <input type="checkbox"/>	Standard Membership = N\$107 per month	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">+N\$20 <input type="checkbox"/></td> </tr> <tr> <td>Add Profession Specific Plan for the Main Member or Nominated Spouse/Life Partner +N\$20 per month</td> </tr> </table>	+N\$20 <input type="checkbox"/>	Add Profession Specific Plan for the Main Member or Nominated Spouse/Life Partner +N\$20 per month	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">+N\$40 <input type="checkbox"/></td> </tr> <tr> <td>Add Profession Specific Plan for both the Main Member and Nominated Spouse/Life Partner N\$20+N\$20 = N\$40 per month</td> </tr> </table>	+N\$40 <input type="checkbox"/>	Add Profession Specific Plan for both the Main Member and Nominated Spouse/Life Partner N\$20+N\$20 = N\$40 per month	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">+N\$ <input style="width: 40px;" type="text"/> <input type="checkbox"/></td> </tr> <tr> <td>Add Extended Family Protection Benefit at N\$72 each per month.</td> </tr> <tr> <td>X <input style="width: 40px;" type="text"/> Family Members</td> </tr> <tr> <td>= N\$ <input style="width: 40px;" type="text"/> per month</td> </tr> </table>	+N\$ <input style="width: 40px;" type="text"/> <input type="checkbox"/>	Add Extended Family Protection Benefit at N\$72 each per month.	X <input style="width: 40px;" type="text"/> Family Members	= N\$ <input style="width: 40px;" type="text"/> per month	<p>TOTAL OF ALL TICKED OPTIONS</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">N\$</p> <p style="margin: 0; color: red; font-weight: bold;">TOTAL MONTHLY PREMIUM</p> </div>
N\$107 <input type="checkbox"/>														
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Add Extended Family Protection Benefit at N\$72 each per month.														
X <input style="width: 40px;" type="text"/> Family Members														
= N\$ <input style="width: 40px;" type="text"/> per month														

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 Date of Birth

Sister Brother Sister/brother-in-law

ID number Cell/Tel

Postal address

2

First Name & Surname

Your relationship with person/s
 Parent/s Parent/s-in-law Child over 21 Date of Birth

Sister Brother Sister/brother-in-law

ID number Cell/Tel

Postal address

3

First Name & Surname

Your relationship with person/s
 Parent/s Parent/s-in-law Child over 21 Date of Birth

Sister Brother Sister/brother-in-law

ID number Cell/Tel

Postal address

4

First Name & Surname

Your relationship with person/s
 Parent/s Parent/s-in-law Child over 21 Date of Birth

Sister Brother Sister/brother-in-law

ID number Cell/Tel

Postal address

5

First Name & Surname

Your relationship with person/s
 Parent/s Parent/s-in-law Child over 21 Date of Birth

Sister Brother Sister/brother-in-law

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

SECTION 10. For office use only - Independent Contractor Details

Independent Contractor Code Independent Contractor Signature

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 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