N.B. Remember to complete both sides of this application with your friends and your details and post to:
LegalWise, P.O. Box 266, Wilgeheuwel, 1736. OR fax to (011) 674-5256.

GET-A-FRIEND / NEW MEMBER APPLICATION FORM

YES PLEASE

☐ **I want up to R64 000 of legal power as a Gold Member for R64 per month**

☐ **I want up to R115 000 of legal power as a GoldPLUS Member for R91 per month**

SURNAME _____ TITLE: Prof/Mr/Mrs/Ms/Dr/Rev _____

FIRST NAME/S _____

POSTAL ADDRESS _____

_____ CODE _____

PHYSICAL ADDRESS _____

_____ CODE _____

DATE OF BIRTH _____ ID NO ☐☐☐☐☐☐☐☐☐☐☐☐☐

NATIONALITY _____ OR PASSPORT NUMBER IF NOT SOUTH AFRICAN

TEL HOME( ) TEL WORK( ) FAX( )

CELL _____ EMAIL _____

EMPLOYER'S NAME _____ EMPLOYER'S TEL( )

NOMINATED BENEFICIARY LEGAL EXPENSES INSURANCE FOR ACCIDENTAL DEATH OF MAIN MEMBER

NAME _____ SURNAME _____

RELATIONSHIP TO POLICYHOLDER _____

CELL NO ☐☐☐☐☐☐☐☐☐☐ ID NO ☐☐☐☐☐☐☐☐☐☐☐☐☐ _____ DATE OF BIRTH

YOUR SALARY PAYDATE/DEBIT ORDER DEDUCTION DATE:
MY PAYDATE IS THE ☐ **OF EVERY MONTH**

PLEASE CROSS THE APPLICABLE BLOCK:

☐ I wish to pay every month by Postal Order and enclose postal orders for ☐R64 ☐R91 crossed "Not Transferable" and made out to LegalWise. Please make sure that you send your payment with this application.

☐ I wish to pay ☐R64 ☐R91 every month by Debit Order on my bank account. Details are given below. Note: Debit order deductions are possible on all accounts.

☐ I wish to pay ☐R64 ☐R91 every month from my salary by means of Stop Order. Please contact me.

NAME OF BANK _____

BRANCH _____ BRANCH CODE ☐☐☐☐☐☐☐☐

ACCOUNT NUMBER ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

TYPE OF ACCOUNT: ☐ Cheque ☐ Savings

I hereby authorise LegalWise to arrange deduction(s) and or deduction(s) of arrear(s) from my salary by means of stop order with my employer, or a debit order from my bank account.I acknowledge that LegalWise may not cede or assign any of its rights to a third party without my written consent. I may not delegate my obligations in terms of this authority to a third party without prior written consent from LegalWise. This authority may be cancelled by me by giving LegalWise thirty days written notice. I agree that in the event of unsuccessful collections on the preferred deduction date, that an alternative date may be selected by LegalWise.

Money back guarantee: Conditions and exclusions apply. They are contained in the Membership Agreement that will be sent to you. Should you find these unacceptable and let us know within 3 months, we will refund premiums paid in full.

LEZA LEGAL WISE
Legal Power and Protection
Authorised Financial Services Provider

SIGNATURE _____ DATE _____

YOUR OWN DETAILS

N.B. Make sure that all your information is correct. This is important as it will make sure that your Free Gift reaches you.

YOUR POLICY NUMBER _____ NAME _____

TEL HOME( ) TEL WORK( )

CELL _____ EMAIL _____

POSTAL ADDRESS _____

_____ CODE _____

ID NO ☐☐☐☐☐☐☐☐☐☐☐☐☐ OR PASSPORT NUMBER IF NOT SOUTH AFRICAN

GAF52

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