

3. Executor's details

Surname	<input type="text"/>	Title	<input type="text"/>
First Name/s	<input type="text"/>		
ID No	<input type="text"/>	Date of Birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D
Firm Name	<input type="text"/>		
Estate No	<input type="text"/>		
Postal Address	<input type="text"/>		
	<input type="text"/>	Postal Code	<input type="text"/>
Business Address	<input type="text"/>		
	<input type="text"/>	Postal Code	<input type="text"/>
Tel Home	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Tel Work	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cell No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
E-Mail	<input type="text"/>		

4. Bank details (please attach proof of banking details of the Nominated Beneficiary/Executor)

Name of Account Holder	<input type="text"/>		
Name of Bank	<input type="text"/>		
Account No	<input type="text"/>		
Branch Name	<input type="text"/>	Branch Code	<input type="text"/>
Account Type	<input type="text"/>		

5. Cause of Death

Describe the cause of death:

LegalWise and LEZA are committed to protecting your privacy as prescribed in the Protection of Personal Information (POPI) Act 4 of 2013. By providing your personal information, you consent to your information being collected in order to gain access to our products and services. Your information will be used properly, lawfully, securely and transparently for the purpose for which it is intended, namely, the administration of this legal insurance product and related accidental death benefit claim.

I, the undersigned, confirm that the details provided are correct. Further, I consent to my information being used for the purposes of LegalWise related services only.

Claimant's Signature	<input type="text"/>	Date	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D
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