

Membership Change Request Form

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

Membership No														
Only complete the appropriate sections to confirm a change in Membership details. 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. Change of Membership Option														
I would like to switch my Membership option to: Gold N\$143 GoldPLUS Platinum N\$385														
I would like to cancel my Membership Reason														
SECTION 2. Change of Premium Payer														
I would like to change the Premium Payer of my Membership:														
Is the Member the Premium Payer Yes No														
If the 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 Y Y Y Y M M D D														
ID/Passport No Nationality Namibian Other														
First Name														
Surname														
Date of Birth Y Y Y M M D D Title														
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PART B. Premium Payer Contact Details														
Tel Mobile 1 Tel Home														
Tel Mobile 2														
E-Mail														



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SECTION 3. Change to Payment Details I would like to change the payment method/account details to:																									
I would like to	CHai	Stop Order Credit Card Debit Card																							
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For all payment	met	hods	, exc	ept ca	ısh, p	oleas	e con	nplete	e the	info	rmat	ion b	elow	'. 											
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Account Type																	Bran	.ch Co	de						
Name of Account Holder																									
Account No																									
If Credit Card, Ex	piry l	piry Date Deduction Day 1														20		25		31					
If Debit Card, Exp	oiry D	ate						Dec	lucti	on Da	у	1	L5		20		25		31						
Card No																									
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Holder Signature		han	~~	of N	om:	inat	od I	2 o vo	ofic	iow	·Do	taile	100	·Io	val I	Dat		YYY	Y	Y		M	M Po	D	D
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SECTION 5. Optional Benefits I would like to ADD the Profession Specific Legal Plan Benefit for an additional N\$22 per Insured per month Teacher Legal Plan (Main Member) Teacher Legal Plan (Spouse/Life Partner)* Enforcement Officer Legal Plan (Main Member) Enforcement Officer Legal Plan (Spouse/Life Partner)* Health Care Professional Legal Plan (Main Member) Health Care Professional Legal Plan (Spouse/Life Partner)* I would like to CANCEL the Profession Specific Legal Plan Benefit Teacher Legal Plan (Main Member) Teacher Legal Plan (Spouse/Life Partner)* Enforcement Officer Legal Plan (Main Member) Enforcement Officer Legal Plan (Spouse/Life Partner)* Health Care Professional Legal Plan (Main Member) Health Care Professional Legal Plan (Spouse/Life Partner)* *If selected details must be completed in the form in Section 6. I would like to ADD the LegalWise Extended Family Protection Benefit for an additional N\$86 per Insured per month as per details in the form/s in Section 8 I would like to CANCEL the LegalWise Extended Family Protection Benefit as per details in the form/s in Section 8 SECTION 6. Nominated Spouse/Life Partner PART A. Personal Details ID Type ID Passport If Passport, expiry date Other ID/Passport No Nationality Namibian First Name Surname Date of Birth Title Relation to Member PART B. Contact Details Tel Mobile Tel Home

SECTION 7. Place of Residence

I would like to change my Place of Residence

E-Mail

Place of Residence														
										Pos	tal Co	ode		

SECTION 8. Insured Individual – Extended Family Protection Benefit

The Extended Family Protection Benefit is limited to 5 Members. Please note however that parents (mother and father) and parents-in law (mother-in law and father-in-law) each count as one Member, if they are married and living together only. Details of both parents and/or parents-in-law must be included below if you would like to add or cancel the Benefit for your parents and/or parents-in-law.

Family Member's Personal Details I am adding this person I am cancelling this person D Type ID Passport If Passport, expiry date Y Y Y Y M M D D																							
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