

SECTION 3. Change to Payment Details

I would like to change the payment method/account details to:

Payment Method ☐ Stop Order ☐ Credit Card ☐ Debit Card ☐ Debit Order

For all payment methods, except cash, please complete the information below.

Name of Bank	<input type="text"/>																								
Account Type	<input type="text"/>												Branch Code	<input type="text"/>											
Name of Account Holder	<input type="text"/>																								
Account No	<input type="text"/>																								
If Credit Card, Expiry Date	<input type="text"/>		<input type="text"/>		Deduction Day		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If Debit Card, Expiry Date	<input type="text"/>		<input type="text"/>		Deduction Day		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Card No	<input type="text"/>																								

I acknowledge that:

- >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.
- 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	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SECTION 4. Change of Nominated Beneficiary Details for Legal Expenses Accidental Death Benefit

PART A. Nominated Beneficiary Personal Details

ID Type	<input type="checkbox"/> ID	<input type="checkbox"/> Passport	If Passport, expiry date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID/Passport No	<input type="text"/>												Nationality	<input type="checkbox"/> Namibian	<input type="checkbox"/> Other	<input type="text"/>										
First Name	<input type="text"/>																									
Surname	<input type="text"/>																									
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relation to Member	<input type="text"/>																									

PART B. Nominated Beneficiary Contact Details

Tel Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tel Home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-Mail	<input type="text"/>																										

SECTION 5. Optional Benefits

I would like to ADD the Profession Specific Legal Plan Benefit for an additional N\$22 per Insured per month

<input type="checkbox"/>	Teacher Legal Plan (Main Member)	<input type="checkbox"/>	Teacher Legal Plan (Spouse/Life Partner)*
<input type="checkbox"/>	Enforcement Officer Legal Plan (Main Member)	<input type="checkbox"/>	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)*

I would like to CANCEL the Profession Specific Legal Plan Benefit

<input type="checkbox"/>	Teacher Legal Plan (Main Member)	<input type="checkbox"/>	Teacher Legal Plan (Spouse/Life Partner)*
<input type="checkbox"/>	Enforcement Officer Legal Plan (Main Member)	<input type="checkbox"/>	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)*

*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

[illegible]

PART B. Contact Details _____

Tel Mobile																						
Tel Home																						
E-Mail																						

SECTION 7. Place of Residence

I would like to change my Place of Residence

[illegible]

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.

1

Family Member's Personal Details

I am adding this person

☐

I am cancelling this person

☐

ID Type	<input type="checkbox"/> ID	<input type="checkbox"/> Passport	If Passport, expiry 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																					
ID/Passport No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nationality	<input type="checkbox"/>	Namibian	<input type="checkbox"/>	Other										
First Name	<input type="text"/>																										
Surname	<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	Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																			
Relation to Member	<input type="text"/>																										
Tel Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
Tel Home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
E-Mail	<input type="text"/>																										

2

Family Member's Personal Details

I am adding this person

☐

I am cancelling this person

☐

ID Type	<input type="checkbox"/> ID	<input type="checkbox"/> Passport	If Passport, expiry 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																					
ID/Passport No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nationality	<input type="checkbox"/>	Namibian	<input type="checkbox"/>	Other										
First Name	<input type="text"/>																										
Surname	<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	Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																			
Relation to Member	<input type="text"/>																										
Tel Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
Tel Home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
E-Mail	<input type="text"/>																										

3

Family Member's Personal Details

I am adding this person

☐

I am cancelling this person

☐

ID Type

☐

ID

☐

Passport

If Passport, expiry date

ID/Passport No

Nationality

☐

Namibian

☐

Other

First Name

Surname

Date of Birth

Title

Relation to Member

Tel Mobile

Tel Home

E-Mail

4

Family Member's Personal Details

I am adding this person

☐

I am cancelling this person

☐

ID Type

☐

ID

☐

Passport

If Passport, expiry date

ID/Passport No

Nationality

☐

Namibian

☐

Other

First Name

Surname

Date of Birth

Title

Relation to Member

Tel Mobile

Tel Home

E-Mail

Family Member's Personal Details

I am adding this person

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I am cancelling this person.

7

[illegible]

Family Member's Personal Details

I am adding this person

--	--

I am cancelling this person

7

[illegible]

SECTION 9. Authorisation by the Member

Holland/LegalWise are committed to protecting your privacy. 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 and further maintenance of your insurance product/s. You confirm that the consent provided to us, is given on behalf of yourself, your minor dependents or any other Person to be added to your Membership, where you acknowledge and warrant that you have their permission to give such consent.

You are also consenting that Hollard/LegalWise may use your information to contact you regarding changes or updates about your insurance product/s and that Hollard/LegalWise may use your information in improving our product offering. If you do not want to receive any future product or service offerings from Hollard/LegalWise, then inform Us by contacting Member Administration on +264 61 236585.

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

Signature

Date _____

Y	Y	Y	Y	M	M	D	D
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For Office Use Only Campaign Code[illegible]

Independent Contractor Code

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Independent Contractor Signature

[illegible]