

<b>For Office Use Only</b> Campaign Code	Independent Contractor Code	Independent Contractor Signature

[illegible]

Only complete the appropriate sections to confirm a change in personal 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 Main Member's Personal Details

## PART A

ID Type		ID		Passport	If Passport, expiry date					M	M	D	D							
ID/Passport No										Nationality		Namibian		Other _____						
First Name																				
Surname																				
Date of Birth										Title										

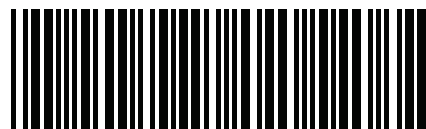
**PART B - COMPULSORY**

Tel Mobile																									
Tel Home											Tel Work														
E-Mail																									

## PART C

[illegible]

**PART D - COMPULSORY**

[illegible]

NAPDUF

## PART E

I consent to receiving marketing material from LegalWise

☐ Yes ☐ No

I consent to receiving marketing material from the LegalWise Namibia

☐ Yes ☐ No

Preferred Method of Communication

☐

E-Mail

☐

SMS/MMS

☐

Phone

☐

Post

## SECTION 2. Change of Employer Details

Employer

Employee No

Employer Tel No

Salary Pay Date

## SECTION 3. Change of Insured Individuals, if not the Main Member

### PART A 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 Member

### PART B Contact Details

Tel Mobile

Tel Home

E-Mail

## SECTION 4. 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 Holland/LegalWise may use your information to contact you regarding changes or updates about your insurance product/s and that Holland/LegalWise may use your information in improving our product offering. If you do not want to receive any future product or service offerings from Holland/LegalWise, then inform Us by contacting Member Administration on +264 61236585

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