

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

Account Type Branch Code

Name of Account Holder

Account No

If Credit Card, Expiry Date Deduction Day 1 15 20 25 31

If Debit Card, Expiry Date Deduction Day 1 15 20 25 31

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

Date Y Y Y Y M M D D

SECTION 4. Change of Nominated Beneficiary Details for Legal Expenses Accidental Death Benefit

PART A. Nominated Beneficiary 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 Y M M D D Title

Relation to Member

PART B. Nominated Beneficiary Contact Details

Tel Mobile

Tel Home

E-Mail

SECTION 5. Optional Benefits

I would like to **ADD** the Profession Specific Legal Plan Benefit for an additional N\$23 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\$90 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

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 7. Place of Residence

I would like to change my Place of Residence

Place of Residence

Postal Code

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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

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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

