

AfroLegal Consultants

(A subsidiary of Afrika AltaVista Group (Pty) Ltd)
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AfroLegal

CONSULTANTS

SMS: **LAW** to **33903** and one of our consultants will contact you within 24hours

Legal Cover Application Form

MAIN MEMBER

Surname:	<input type="text"/>	First name/s:	<input type="text"/>								
Title:	<input type="text"/>	ID no:	<input type="text"/>								
Date of Birth:	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>			D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Spouse Surname:	<input type="text"/>	First name/s:	<input type="text"/>								
Title:	<input type="text"/>	ID no:	<input type="text"/>								
Date of Birth:	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>			D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Residential Address:	<input type="text"/>		Postal Address:	<input type="text"/>							
Postal code:	<input type="text"/>	Postal code:	<input type="text"/>								
Telephone no. Home:	<input type="text"/>	Work:	<input type="text"/>								
Cell:	<input type="text"/>	E-mail:	<input type="text"/>								
Required package:	<input type="text"/>	Cover:	R <input type="text"/>	Monthly premium	<input type="text"/> A <input type="text"/> R <input type="text"/>						

1. Inclusive policy A: R200.00

This entitles you to cover for:

- Civil matters
- Criminal matters
- Tenants/ Lease matters
- Labour matters

2. Labour policy B: R 150.00

- This entitles you to cover for labour matters.

3. Civil policy C: R150.00

- This entitles you to cover for civil matters.

4. Tenants/ Lease C: R100

- This covers all your lease/rental related matters.

5. Extended Family Member: R50.00

- You are able to add an additional family member with just R50.00 to your premium

UNMARRIED CHILDREN/ DEPENDANTS (under 21 years old) DETAILS (MAXIMUM OF SIX)

	Full names (Surnamefirst)	Date of Birth	Relationship
1.			
2.			
3.			
4.			
5.			
6.			
7.			

EXTENDED FAMILY DETAILS

	Full names (Surnamefirst)	Date of Birth	ID Number	Relationship	Cover	Monthly premium
1.						
2.						
3.						
4.						

Total monthly premium + **B** = R

B Total R

AFROLEGAL BANKING DETAILS:

Name: **Afrika AltaVista Group (Pty) Ltd**

Account Number: **1142 650 804**

Bank Name: **Nedbank**

Branch Code: **1984 0500**

Branch Name: **Randburg**

METHOD OF PAYMENT

EFT Debit order

Account holder Account type: Account number:

Bank: Branch name: Branch code:

Commencement date: Please debit my account on the day each month.

DECLARATION

I declare that the information supplied above is to the best of my knowledge true, complete and correct. I hereby authorise AfroLegal Consultants and/or its Agents to draw against my account, the premium payable under the above plan from time to time, and I request my bank to debit my account in terms of the order. This request will remain in force until cancelled by me in writing. I hereby irrevocably authorise AfroLegal Consultants and/or its Agents to obtain at any time, verification of my account details from my bank.

Members Signature

TERMS AND CONDITIONS

- a) Scheme covers policy holder, spouse and unmarried children under 22 years of age or 25 years inclusive if the child is at a registered educational institution and is still classified as a dependant.
- b) Spouse refers to a person married to the policy holder in terms of all marriages recognised by the South African Law and registered at home affairs.
- c) I accept that the policy has 3 months waiting period and does not cover existing matters unless agreed to by ALC.
- d) The policy does not cover company or business related matters, please speak to our consultants about Business Policy.
- e) I accept that I will make monthly payments, failing which my policy will be cancelled.
- f) Maximum cover available under any one policy is R100 000.00.
- g) Payment of premiums during waiting period must be continuous, i.e. no payment may be outstanding or paid late. If a payment is outstanding or paid late, the policy will lapse and the applicable waiting period will begin again from the date that payments are resumed.

Date: DD/MM/20

Signature