



LEGAL *Shield*

Rather have it.

# Application Form



APRIL 2019

## PARTICULARS OF APPLICANT

Title: \_\_\_\_\_

Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

ID no.: 

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Cell no.: \_\_\_\_\_

Home no.: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_

Work no.: \_\_\_\_\_

Physical address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Town/City: \_\_\_\_\_

Name & no. of next of kin: \_\_\_\_\_

### PAYEE

Method of Payment:  Cash  D/O  S/O

If the person responsible for the payment is the Insured.

If the person responsible for the payment is NOT the insured. Relationship: \_\_\_\_\_

I wish to pay the above option by Debit Order (D/O) from my bank account on the \_\_\_\_\_ of every month.

Source of Income: \_\_\_\_\_

Gross monthly Income:  1,000 - 5,000  
 5,000 - 10,000  
 10,000 - 20,000  
 20,000 - Above

Name: \_\_\_\_\_

Postal address: \_\_\_\_\_

Tel no.: (w) \_\_\_\_\_ (h) \_\_\_\_\_  
(c) \_\_\_\_\_

Email address: \_\_\_\_\_

Name of bank: \_\_\_\_\_ Branch no.: \_\_\_\_\_

Account no.: \_\_\_\_\_ Account type: \_\_\_\_\_

ID no. of Payee: \_\_\_\_\_

Signature of Payee: \_\_\_\_\_

I wish to pay the above option by Salary Stop Order (S/O) every month. Please arrange this with my employer.

Employer: \_\_\_\_\_

Salary no.: \_\_\_\_\_

Salary: \_\_\_\_\_

Pay point: \_\_\_\_\_

First deduction date: \_\_\_\_\_

## PARTICULARS OF INSURED

Main Insured: \_\_\_\_\_

ID no./Date of birth: \_\_\_\_\_

Spouse: \_\_\_\_\_

ID no./Date of birth: \_\_\_\_\_

Children: \_\_\_\_\_

1) \_\_\_\_\_ DOB: \_\_\_\_\_

2) \_\_\_\_\_ DOB: \_\_\_\_\_

3) \_\_\_\_\_ DOB: \_\_\_\_\_

4) \_\_\_\_\_ DOB: \_\_\_\_\_

5) \_\_\_\_\_ DOB: \_\_\_\_\_

Extended family member: \_\_\_\_\_  
(Funeral option only)

ID no./Date of birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you, or any of the persons in the table above, suffering from or receiving medical treatment/advice for any disease/illness or have you, or any of the persons in the table above, suffered from any disease/illness or received any medical treatment/advice in the past 12 months?

Yes:  No:  If you answered yes to the above question, full details of the disease/illness/treatment must be attached.

Have you or any of the persons in the table above been involved in any action that may give rise to any legal proceedings before you became a Legal Shield member?

Yes:  No:  If you answered yes to the above question, full details must be attached.

### I hereby nominate the following beneficiaries:

**Free Funeral** Name: \_\_\_\_\_

Surname: \_\_\_\_\_

ID no.: \_\_\_\_\_

**Funeral Benefit** Name: \_\_\_\_\_

Surname: \_\_\_\_\_

ID no.: \_\_\_\_\_

## SECURITY QUESTIONS

(Will be confirmed on payout of Nawa Bonus)

1. Name of your Primary School? \_\_\_\_\_

2. Name of first pet? \_\_\_\_\_

3. Favourite colour? \_\_\_\_\_

### Personal Business cover

N\$69

Name of business: \_\_\_\_\_

Type of entry: Sole Prop  CC  (PTY) LTD

Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Annual Turnover: \_\_\_\_\_

If more than one business, kindly complete on separate page with full details

**SINGLE**

Legal Shield	D/O	S/O
N\$250 000	<input type="checkbox"/> N\$143	<input type="checkbox"/> N\$136
N\$260 000	<input type="checkbox"/> N\$165	<input type="checkbox"/> N\$158
N\$270 000	<input type="checkbox"/> N\$187	<input type="checkbox"/> N\$180
N\$280 000	<input type="checkbox"/> N\$209	<input type="checkbox"/> N\$202
N\$290 000	<input type="checkbox"/> N\$231	<input type="checkbox"/> N\$224
N\$300 000	<input type="checkbox"/> N\$253	<input type="checkbox"/> N\$246

**ADDITIONAL OPTIONS**

<b>Hospital Cover</b>	<input type="checkbox"/> N\$70	<input type="checkbox"/> N\$67
<b>Dread Disease</b>		
N\$50 000	<input type="checkbox"/> N\$149	<input type="checkbox"/> N\$141
N\$60 000	<input type="checkbox"/> N\$168	<input type="checkbox"/> N\$161
N\$70 000	<input type="checkbox"/> N\$188	<input type="checkbox"/> N\$181
N\$80 000	<input type="checkbox"/> N\$208	<input type="checkbox"/> N\$201
N\$90 000	<input type="checkbox"/> N\$228	<input type="checkbox"/> N\$221
N\$100 000	<input type="checkbox"/> N\$248	<input type="checkbox"/> N\$240
N\$110 000	<input type="checkbox"/> N\$267	<input type="checkbox"/> N\$260
N\$120 000	<input type="checkbox"/> N\$287	<input type="checkbox"/> N\$280
N\$130 000	<input type="checkbox"/> N\$307	<input type="checkbox"/> N\$300
N\$140 000	<input type="checkbox"/> N\$327	<input type="checkbox"/> N\$320
N\$150 000	<input type="checkbox"/> N\$347	<input type="checkbox"/> N\$339
<b>Income Protector (Excl. HIV)</b>		
Age 18-35	<input type="checkbox"/> N\$171	<input type="checkbox"/> N\$163
Age 36-45	<input type="checkbox"/> N\$343	<input type="checkbox"/> N\$327
Age 46-55	<input type="checkbox"/> N\$451	<input type="checkbox"/> N\$429
<b>Income Protector (Incl. HIV)</b>		
Age 18-35	<input type="checkbox"/> N\$385	<input type="checkbox"/> N\$366
Age 36-45	<input type="checkbox"/> N\$474	<input type="checkbox"/> N\$451
Age 46-55	<input type="checkbox"/> N\$565	<input type="checkbox"/> N\$539
<b>Funeral Cover (Excl. HIV)</b>	<input type="checkbox"/> N\$63	<input type="checkbox"/> N\$59
<b>Funeral Cover (Incl. HIV)</b>	<input type="checkbox"/> N\$109	<input type="checkbox"/> N\$101

**FAMILY**

Legal Shield	D/O	S/O
N\$250 000	<input type="checkbox"/> N\$275	<input type="checkbox"/> N\$261
N\$260 000	<input type="checkbox"/> N\$297	<input type="checkbox"/> N\$283
N\$270 000	<input type="checkbox"/> N\$319	<input type="checkbox"/> N\$305
N\$280 000	<input type="checkbox"/> N\$341	<input type="checkbox"/> N\$327
N\$290 000	<input type="checkbox"/> N\$363	<input type="checkbox"/> N\$349
N\$300 000	<input type="checkbox"/> N\$385	<input type="checkbox"/> N\$371
<b>ADDITIONAL OPTIONS</b>		
<b>Income Protector (Excl. HIV)</b>		
Age 18-35	<input type="checkbox"/> N\$253	<input type="checkbox"/> N\$241
Age 36-45	<input type="checkbox"/> N\$397	<input type="checkbox"/> N\$378
Age 46-55	<input type="checkbox"/> N\$488	<input type="checkbox"/> N\$465
<b>Income Protector (Incl. HIV)</b>		
Age 18-35	<input type="checkbox"/> N\$570	<input type="checkbox"/> N\$542
Age 36-45	<input type="checkbox"/> N\$622	<input type="checkbox"/> N\$592
Age 46-55	<input type="checkbox"/> N\$657	<input type="checkbox"/> N\$626
<b>Funeral Cover (Excl. HIV)</b>	<input type="checkbox"/> N\$149	<input type="checkbox"/> N\$142
<b>Funeral Cover (Incl. HIV)</b>	<input type="checkbox"/> N\$215	<input type="checkbox"/> N\$205

**PARTICULARS OF PARENT(S)/PARENTS-IN-LAW**  
(N\$15 000.00 cover per parent) *(Funeral option only)*

Name of Father: \_\_\_\_\_

ID no./Date of Birth: \_\_\_\_\_

Under 65 N\$44

65 – 74 N\$102

75 – 85 N\$195

Name of Mother: \_\_\_\_\_

ID no./Date of Birth: \_\_\_\_\_

Under 65 N\$44

65 – 74 N\$102

75 – 85 N\$195

Name of Father-in-law: \_\_\_\_\_

ID no./Date of Birth: \_\_\_\_\_

Under 65 N\$44

65 – 74 N\$102

75 – 85 N\$195

Name of Mother-in-law: \_\_\_\_\_

ID no./Date of Birth: \_\_\_\_\_

Under 65 N\$44

65 – 74 N\$102

75 – 85 N\$195

I hereby certify that the particulars given above are true and correct, and understand that this application is subject to standard terms and conditions of the insurer, as amended from time to time.

Member signature: \_\_\_\_\_

Your Legal Shield no.: \_\_\_\_\_

First deduction date: \_\_\_\_\_

Date: \_\_\_\_\_

Agent's code: \_\_\_\_\_

**FOR INTERNAL USE ONLY**  
**DOCUMENTS ATTACHED:**

• ID Main member	<input type="checkbox"/>	• Marriage certificate	<input type="checkbox"/>
• ID Payee	<input type="checkbox"/>	• Bank statement	<input type="checkbox"/>
• ID Beneficiary/dependants	<input type="checkbox"/>	• Payslip	<input type="checkbox"/>
• Birth certificates	<input type="checkbox"/>		

**FOR INTERNAL USE ONLY**

	YES	NO
• Admin fee	<input type="checkbox"/>	<input type="checkbox"/>
• Written off	<input type="checkbox"/>	<input type="checkbox"/>
• Conversion	<input type="checkbox"/>	<input type="checkbox"/>



**TRUSTCO**  
ashi li nawa | it's all good