

# Individual Product



## APPLICATION FORM

### PERSONAL DETAILS

Full Name			
Surname			
ID/Passport Nr		Date of Birth	
Telephone Nr			
Email Address			
Physical Address			
		Code	
Beneficiaries: (Name + ID/DOB)			
Plan Selection	Individual (R95 p/m):	Family (R145 p/m)	

### PAYMENT AUTHORITY

Account Holder:	Bank:
Branch:	Branch Code:
Account Type:	Account Number:

I, the undersigned, hereby confirm that I am duly authorised enter into and agree to this policy. I hereby authorise and mandate Genric Insurance Company Limited (Genric), an authorised Financial Service Provider to deduct monthly with effect from \_\_\_\_\_ 20\_\_ the premium of R\_\_\_\_\_ from my bank account, and thereafter on the \_\_\_\_\_ day of every following month, until such time as this authorisation in writing is cancelled, or until substituted with a new authorisation. Should the monthly selected debit order date fall on a public holiday or a weekend, I authorise Genric to debit the abovementioned account on the previous working day. I further authorise Genric to perform the necessary verification, validation and correction of the debit order details, supplied by me, with my bank or other third parties to ensure that the application form can be processed.

Account Holder Signature:	Date:
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### BROKER APPOINTMENT

By undersigning this application, I confirm that \_\_\_\_\_ (FSP Nr: \_\_\_\_\_) is appointed as my nominated intermediary for this product of Insurance.

### DECLARATION

1. I warrant that all particulars on the application form are correct, whether in my handwriting or not
2. I was advised that the Insurer will give 31 days' notice of cancellation of this policy. I may cancel the policy effective immediately. We would like to confirm that provided premium has been collected successfully, you are covered for the full cancellation month.
3. I understand that any misrepresentation on or omission from the form may invalidate claims under the policy
4. Notice of inflationary increases will be sent to the Insured when applicable. Failure to advise to the contrary will serve as acceptance of the new terms.
5. I warrant that there are currently no pending circumstances that could involve legal action against me, or my taking legal action against

_____ <b>NAME OF APPLICANT</b>	_____ <b>DATE</b>	_____ <b>SIGNATURE</b>
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PLEASE RETURN THE COMPLETED APPLICATION FORM TO [info@legalguardians.co.za](mailto:info@legalguardians.co.za)

Legal Guardians (Pty) Ltd is an Authorised Financial Services Provider (FSP: 49579). This product is underwritten by GENRIC Insurance Company Limited, an Authorised Financial Services Provider (FSP: 43638) and Licenced non-Life Insurer. Legal Guardians is acting in terms of a Binder Agreement with GENRIC Insurance Company Limited

