



Eyethu Legal Protection Application Form

MEMBERS DETAILS

(Name & Surname)

(ID No) _____ (Marital Status) _____

(Tel No (W)) _____ (Cell No) _____

(Email) _____

(Physical Address) _____

(Postal Address) _____

DEPENDENT DETAILS

(Names & Surname)

(Date of Birth)



LEGAL PROTECTION PACKAGES

Select the package that you want

BRONZE = R50 = COVER = R50 000

GOLD = R150 = COVER = R150 000

DIAMOND = R230 = COVER = R250 000

SILVER = R100 = COVER = R100 000

PLATINUM = R200 = COVER = R200 000

PRESTIGE = R280 = COVER = R300 000

We cover all legal matters

Bail Application - Criminal Matter - Divorce Matter - Maintenance Matter - Domestic Violence - Custody Matter
Labour Matter - CCMA - Real Estate - Civil Matter - Unlawful Arrest - Estate



BANK DETAILS AND PAYMENT AUTHORITY

Account Holder : _____

Account Type: Cheque Transmission Savings

Bank _____ Acc No: _____

Branch: _____ Branch Code: _____

Deduction Date : 1st 7th 15th

I, the undersigned, hereby confirm that I am duly authorised to enter into and agree to this policy on my behalf. I hereby authorise and mandate Workerslife Insurance Limited (WLIL), an authorised Financial Service Provider to deduct monthly with effect from _____ 20_____ the premium of R_____ from my bank account, 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 WLIL to debit the abovementioned account on the previous working day. I further authorise WLIL 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.

Applicant Signature: _____ Date: _____

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 30 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 any third party.

Applicant Signature: _____ Date: _____

