

APPLICATION FOR THE YAMBU LEGAL PROTECTION POLICY

Details of Insured

Surname:	
First name/s:	Title: Mr/ Mrs/ Ms/Dr/Prof
Postal Address:	
	Postal Code:
Employer:	Work Number:
Cell Number:	Alternative number:
ID Number:	Date of Birth:
Email address:	
Nationality:	Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Language:	Preferred Correspondence: SMS <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Post <input type="checkbox"/>

Banking Details of the person who will pay the policy premiums

Account holder's name:	Account holders cell number:
Bank name:	Account number:
Type of account:	Branch code:

Particulars of Insured Dependents:

Spouse's Name & Surname:	ID:	Cell Number:
Child 1 Name & Surname:	ID:	Cell Number:
Child 2 Name & Surname:	ID:	Cell Number:
Child 3 Name & Surname:	ID:	Cell Number:
Child 4 Name & Surname:	ID:	Cell Number:
Child 5 Name & Surname:	ID:	Cell Number:

I hereby nominate the following beneficiary for the purpose of the Death Benefit that may be claimed on the DEATH OF MAIN MEMBER

Name:	Surname:
ID Number:	Cell Number:

Confirm the following information

Yambu Legal: R149.00 per month <input type="checkbox"/>	Payment method:	Debit Order <input type="checkbox"/>
First Deduction Date:	Salary Date:	

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

Signature of Applicant: <i>(not required for electronic submission)</i> <i>I hereby authorise that an accredited intermediary may contact me.</i>	Date:
-------------------------------------------------------------------------------------------------------------------------------------------------------------	-------

New Adventure Insurance Brokers (Pty) Ltd t/a YAMBU

Directors: Q van Rooyen, FJ Abrahams, A Brand and MJ Matthee.