



Legal Sense (Pty) Ltd. is an Authorised Financial Services Provider
FSP No 26702

Unit 1
Bush Hill Office Park
Ostrich Road
Bromhof
2154
Johannesburg
Office: 0861 573 673
www.legalsense.co.za

LEGAL SENSE POLICY HOLDER APPLICATION FORM

Website Application: **Fax to 0866 577 541** Tel 0861 573 673

COMPANY DETAILS

| | | | |
|-----------------------------|--|----------------------------------|----------------------------------|
| Company Name: | | Telephone Number: | |
| Registration Number: | | VAT Number: | |
| Email Address: | | Cell phone Number: | |
| Physical Address: | | Fax Number: | |
| Postal Address: | | | |
| Code: | | Code: | |
| Number of Employees: | Sole Trader (1) <input type="checkbox"/> | 2-10 <input type="checkbox"/> | 11-30 <input type="checkbox"/> |
| | 31-50 <input type="checkbox"/> | 51-100 <input type="checkbox"/> | 101-150 <input type="checkbox"/> |
| | 151-200 <input type="checkbox"/> | 201-250 <input type="checkbox"/> | |

Debit Order and Banking Details

| | | |
|--|--|---|
| Select Option (Tick) | Option One: Immediate Cover <input type="checkbox"/> | Option 2: Normal Cover <input type="checkbox"/> |
| Please Select Debit Order Date: | 1 ST of each month <input type="checkbox"/> | 7 th of each month <input type="checkbox"/> |
| | 15 th of each month <input type="checkbox"/> | 20 th of each month <input type="checkbox"/> |
| Bank Name: | Account Name: | |
| Branch Name/Number: | Account Number: | |
| Account Type (Tick): | Cheque <input type="checkbox"/> | Transmission <input type="checkbox"/> |
| | Savings <input type="checkbox"/> | If CC - Expiry Date <input type="checkbox"/> |
| | If CC - Card Type: Master Card <input type="checkbox"/> Visa Card <input type="checkbox"/> | |

Please note (1) Should your debit order be unsuccessful, your account will be tracked by Naedo for 3 days from your debit date.
Please note (2) There is a once off R195 administration fee which will come off on the first debit order
Please note (3) Prior legal matters and legal matters occurring within the first 90 days will receive internal legal assistance and advice only and will not receive outsourced practitioners assistance.
Please note (4) You qualify for internal Legal Assistance after your 2nd debit order and outsourced practitioner assistance for any events that occurred as from day 91 of membership onwards along with successful debit collection of the 1st 3 months
Please note (5) An 8% collection fee is deducted from all successful debt collecting matters.
Please note (6) Summons will not be issued on debtors less than R12000. Phone calls, Letters of Demand, negotiations and Blacklisting will still be done.
Please note (7) Legal Sense reserves the right to increase your premium by 10% on the anniversary date of your policy.
Please Note (8) If your invoice is not paid within 3 days, your policy will automatically move to normal cover for the next available debit date.
Please Note (9) An Excess fee will be payable: 1X premium for Magistrate Court, 2X premiums for Regional Court & 3X premium for Labour & High Court
Please Note (10) Legal Sense reserves the right to re-evaluate the risk and premiums depending of the nature of your business at any given stage.

| | |
|--|--|
| Applicants Name: | Identity Number: |
| Position Held: | Signature if Faxing form: |
| Dependent (Director or Company) | Name: <input type="text"/> I.D. Number: <input type="text"/> |
| Dependent (Director or Company) | Name: <input type="text"/> I.D. Number: <input type="text"/> |
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| Dependent (Director or Company) | Name: <input type="text"/> I.D. Number: <input type="text"/> |

I hereby warrant the truthfulness of the information given and confirm that no material information regarding this application has been withheld or not disclosed.

LEGAL SENSE = BUSINESS SENSE

Cape Town Branch
Office: 0861 573 673
2 Doncaster Office Park
1 Punter's Way
Kenilworth
7708



Pretoria Branch
Office: 0861 573 673
Unit 3
902 Rubenstein Road
Moreletapark
0044

Directors: S Leonard, J Leonard | VAT Reg: 4530234426 | Reg. No: 2007/001116/07



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Dear Legal Sense Policy Holder,

As you are aware, Legal Sense uses a Company called Netcash to do our monthly debit orders. In the event of your debit being returned on your chosen debit date, or you have missed 2 debit orders within a 6 month period the following will happen:

Your debit order will become a Naedo transaction. Basically it means that:

If there are insufficient funds in the nominated account to meet the obligation, we are entitled to track your account and re-present the instruction for payment as soon as sufficient funds are available in the account. This tracking is only for 3 days.

Please note that it does not affect your premium but we merely trying to make sure that your premiums are up to date to avoid claims being repudiated or your policy cancelled due to non payment.

Should your debit still be returned as unpaid after 3 days, you will receive a sms from Legal Sense on your cell to inform you that the debit has not been met with our account details and your policy number as reference in order for you to make a direct cash deposit/EFT.

Please be so kind as to complete this form as soon as possible, sign it and fax it to 0866 577 541 or e mail it to info@legalsense.co.za

Name (Debtor):

Policy Number (N/A if Joining)

Premium:

Debit Date:

Owner Name:

Bank:

Branch Code:

Account Name:

Account Number:

Account Type:

I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned account at my / our above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account

Your Signature: _____ Date: _____

| OFFICE USE ONLY | | | |
|------------------------|----------|----------------------------|----------------|
| Policy Number: | Premium: | Date Received: | Date Captured: |
| Policy Documents Sent: | Date: | Policy Documents Received: | Date: |

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