

APPLICATION FORM

Please email completed form to sales@bihl.co.bw



PERSONAL DETAILS

Title: Mr. Mrs. Ms. Other _____ | **Status:** Married Single Divorced
Gender: Male Female | **Citizen:** Citizen Non-Citizen | **New Application:** Upgrade: Downgrade:
Full Names: _____ **Surname:** _____ **Date of Birth:** _____
I.D / Passport No.: _____ **Nationality:** _____
Postal Address: _____
Physical Address: _____
City / Town: _____ **Tel:** _____ **Cell:** _____
Fax: _____ **Email:** _____
Your preferred mode of communication: _____

EMPLOYMENT DETAILS

| | |
|--|--|
| Employment: Yes <input type="checkbox"/> No <input type="checkbox"/> If Employed, State Name of Employer: _____ Tel: _____ Fax: _____ Postal Address: _____ Physical Address: _____ | Self Employed: Yes <input type="checkbox"/> No <input type="checkbox"/> If Self Employed, State Name of your company: _____ Tel: _____ Fax: _____ Postal Address: _____ Physical Address: _____ |
|--|--|

BANK DETAILS

Name of Bank: _____ **Branch Name:** _____ **Salary Payment Date:** _____
Debit Card Number: _____ **Card Expiry Date:** _____
Account Number: _____ **Type of Account:** Savings Cheque:
Deduction Date: _____ **Relationship to Member:** _____
Payment Method: ESO GSO CASH REALPAY BANK PAYOR _____

NEXT OF KIN

Full Names: _____ **Relationship:** _____
Postal Address: _____
Tel: _____ **Cell:** _____ **Email:** _____

PERSONS COVERED

EMERGENCY ASSIST ADDITIONAL DRIVER

Full Names: _____
I.D / Passport No.: _____
Cell: _____

ADDITIONAL BENEFICIARY

Full Names: _____
I.D / Passport No.: _____
Cell: _____

EXTENDED FAMILY COVER

Full Names: _____
Relationship: _____
I.D/Passport No: _____
Date of Birth: _____
Contact No: _____

Full Names: _____
Relationship: _____
I.D/Passport No: _____
Date of Birth: _____
Contact No: _____

Date Signed: _____ Consultant's Code: _____

Consultant's Name: _____ Consultant's Signature: _____

HOW DID YOU HEAR ABOUT LEGAL GUARD?

Brochure: Newsletter: Word of Mouth: Advert: Other: _____

PRODUCT DETAILS

ACCIDENT GUARD PLUS

For only **P40.00/month**, this policy covers you up to **P20,000.00** as compensation in the event of permanent disability or death as a result of an accident.

- P40.00 PREMIUM COVER** **Cash Back after 3 Years Cover Everywhere you go**
Cover not dependent on cause of accident

OPTIONAL EXTRAS

- P25.00 Emergency Assist Main Policy holder** **P15.00 Additional Beneficiary**
- P25.00 Emergency Assist Additional Driver**

ACCIDENT GUARD PREMIER

For only **P90.00/month**, this policy covers you up to **P45,000.00** as compensation in the event of permanent disability or death as a result of an accident.

- P90.00 PREMIUM COVER** **Cash Back after 3 Years Cover Everywhere you go**
Cover not dependent on cause of accident

- Emergency Assist Main Policy holder**

OPTIONAL EXTRAS

- P25.00 Emergency Assist Additional Driver** **P25.00 Additional Beneficiary**

TSHIRELETSO PREMIER

With Tshireletso Premier you can get legal cover on labour, family, civil and criminal matters of up to **P65,000.00** for only **P69.95/month**.

- P69.95 PREMIUM COVER** **Cash Back after 3 Years Wills and Contracts**

OPTIONAL EXTRAS

- P45.00 Extended Cover (Both Parents)** **P20.00 Code Green (Emergency Legal Assistance)**
- P45.00 Extended Cover (Spouse married out of community of property)** **P40.00 Accident Guard Plus**
- P25.00 Emergency Assist Main Policy Holder**
- P25.00 Emergency Assist Additional Driver** **P20.00 Police, Prisons & BDF Disciplinary Boards**

MOEMEDI GUARD

With Moemedi Guard, you can get affordable legal cover on labour, family, civil and criminal matters of up to **P120,000.00** for an affordable **P120.00/month**.

- P120.00 PREMIUM COVER** **Cash Back after 3 Years Wills and Contracts**
Emergency assist for main policyholder

OPTIONAL EXTRAS

- P45.00 Extended Cover (Both Parents)** **P20.00 Code Green (Emergency Legal Assistance)**
- P45.00 Extended Cover (Spouse married out of community of property)** **P90.00 Accident Guard Premier**
- P25.00 Emergency Assist Additional Driver** **P40.00 Accident Guard Plus**
- P20.00 Police, Prisons & BDF Disciplinary Boards**

PRESTIGE GUARD

With Prestige Guard you can get legal cover amounting to **P150,000.00** only **P225.00/month** on labour, family, civil and criminal matters.

OPTIONAL EXTRAS

- P225.00 PREMIUM COVER** **P45.00 Extended Cover (Both Parents)**
- Cash Back after 3 Years Wills and Contracts** **P45.00 Extended Cover (Spouse married out of community of property)**
- Deputy Sheriff Fees Accident Guard Plus** **P50.00 Accident Guard Premier**
- Code Green (Emergency Legal Assistance)** **P25.00 Emergency Assist Additional Driver**
- P20.00 Police, Prisons & BDF Disciplinary Boards**

PRESTIGE PLUS

With Prestige Plus you can get affordable legal cover amounting up to **P150,000.00** for only **P455.00/month** on labour, family, civil and criminal matters.

- P455.00 PREMIUM COVER** **Cash Back after 3 Years**
- Code Green (Emergency Legal Assistance)** **Emergency Assist Main Policy holder**
- Deputy Sheriff Fees** **Choose Your Own Lawyer**
- Wills and Contracts** **Expedited Service**
- Accident Guard Premier**

OPTIONAL EXTRAS

- P25.00 Emergency Assist Additional Driver** **P20.00 Police, Prisons & BDF Disciplinary Boards**
- P60.00 Extended Cover (Both Parents)** **P60.00 Extended Cover (Spouse married out of community of property)**

IMPORTANT NOTES

1. This document does not constitute the entire policy and only lays out some of the applying clauses of the policy. For more information on your policy, lodging of claims, complaints and appeals please contact us at any of our branches or on **+267 312 1986 (Call Centre)**.

2. Claims lodgement guidance: Claims may be lodged by claimant in person at any of our branches, or by email, fax and on the website. Please contact the call centre for enquiries at **+267 312 1986**

3. Claims covered and breakdown: Criminal 35%, Labour 20%, Civil 25%, and Family matters 20% of the sum insured.

The insured will only be covered for a maximum of two (2) concurrent claims within a renewal period (**12 Months**). Cover of claims shall not be automatic and shall be subject to assessment according to policy provisions. The % cover (sum insured) indicated is the maximum amount payable per claim and/or in the aggregate.

DISCLOSURE OF ADVERSE TERMS AND CONDITIONS

The agent has disclosed the adverse terms and conditions to me

- Yes No

1. CLAIMS TERMS AND CONDITIONS

Please refer to the policy document provided by the Legal Guard Sales Agent.

2. LIMITATION OF COVER AND EXCLUSIONS

Please refer to the policy document provided by the Legal Guard Sales Agent.

I have received the Policy wording documents in its entirety.

- Yes No

The Agent disclosed to me the commission likely to be received from the Insurer.

- Yes No

I agree that my personal details can be shared amongst the subsidiaries of the BIHL Group for cross selling of products and regulatory compliance purposes eg. KYC:

- Yes No

DECLARATION

I, the undersigned hereby declare that the details given above are true and correct to the best of my knowledge and I undertake to inform you of any changes therein immediately. I do understand and agree to the terms and conditions of this policy as detailed in the Policy Document.

Total Monthly Premium (Vat Inclusive)

Applicant's Signature

Date