



## APPLICATION FORM

My-Fin Financial Services (FSP 44462)

Unit 8 Morning Glen Office Park  
140 Kelvin Drive, Gallo Manor, Sandton

Phone: 087 550 3200  
Email: info@4me.co.za

<b>Title:</b>	Mr.	Ms.	Other:		<b>ID No:</b>																		
<b>Surname:</b>											<b>Full Names:</b>												
<b>Employer:</b>											<b>Where did you hear about us:</b>												
<b>Postal Address:</b>											<b>Code:</b>												
<b>Physical Address:</b>											<b>Code:</b>												
	<b>City Town:</b>										<b>Code:</b>												
<b>Tel Work:</b>						<b>Cell:</b>						<b>Fax:</b>						<b>Home:</b>					
<b>Email :</b>																							
<p>Dependents are your spouse and children up to the age of 18 and students up to the age of 21 (proof of enrolment required), adopted and or foster children provided documentary proof is provided.</p>																							
<b>Spouse:</b>											<b>ID No:</b>												
<b>Child 1</b>											<b>ID No:</b>												
<b>Child 2</b>											<b>ID No:</b>												
<b>Child 3</b>											<b>ID No:</b>												
<b>Child 4</b>											<b>ID No:</b>												
<b>LEGAL 4ME PLAN CHOICE</b>					<b>INDIVIDUAL PLAN R145 per month</b>					<b>FAMILY PLAN R195 per month</b>													
<b>Debit Order details</b>																							
<b>Name of Account Holder</b>										<b>Name of Bank</b>													
<b>Branch</b>										<b>Branch Code</b>													
<b>Account Number</b>										<b>Account Type</b>													
<b>Start Date</b>										<b>Debit order date</b>													
<p>I warrant that I have been provided with all the information, service provider and plan details, or any additional information as I may have requested. I warrant that all details and facts provided herein are accurate and properly disclosed, even if completed by a Representative on my behalf. I understand the benefits offered and I hereby accept the terms and conditions of the Legal4me Insurance policy . Failure to pay contributions will result in benefit lapsing. In the event of any query or any claim in terms of this offering, I consent to the disclosure of any relevant information to the Service Provider or appointed Representative for the purpose of resolving the query. I hereby expressly authorize Myfin1237 Financial Services (Pty)Ltd FSP 44462 /Legal4me or its nominee to act as my mandated broker and agent and to move my insurance as contained in this application form to any other Service Provider, provided the benefits and contributions remain materially similar. I acknowledge that the Legal4 me insurance plan contains both insurance and non-insurance benefits. I hereby authorise the deduction of the subscription amount for current and due plan contributions, per plan choice, per my details above on or after the date /s stipulated hereunder, to ensure contributions are paid and valuable benefits maintained.  <b>A once off activation fee of R50 for Individual and R75 for Family cover will be deducted in the first month, in addition to the first month's premium.</b></p>																							
<b>Terms and Conditions to be read in conjunction with full terms and conditions on website – <a href="http://www.legal4me.co.za">www.legal4me.co.za</a></b>																							
<b>Signature of Principal Member</b>										<b>Date</b>													
<b>Signature of Account Holder</b>										<b>Date</b>													

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