

Kindly ensure that this entire form is completed and signed by the Member. Please complete the form by typing, if possible, alternatively, write clearly using CAPITAL letters.

## POLICYHOLDER DETAILS

Name + Surname	<input type="text"/>
Policy Number	<input type="text"/>
Id Number	<input type="text"/>
Contact Number	<input type="text"/>
Email Address	<input type="text"/>

I understand that Legal Guardians and/or Monarch Insurance Company Limited shall not be liable for any fees for any Attorney unless a written Confirmation of Cover is issued by Legal Guardians.

Legal Guardians and Monarch Insurance Company Limited (MICL) are committed to protecting your privacy. By providing your personal information, you consent to your information being collected in order to gain access to our products and services. Your information will be used properly, lawfully, securely, and transparently for the purpose for which it is intended, namely, the administration and further maintenance of your insurance product/s.

You are also consenting that Legal Guardians and MICL may use your information to contact you regarding changes or updates about your insurance product/s and that we may use your information in improving our product offering. If you do not want to receive any future product or service offerings from us, then inform us by contacting our offices on 010 446 8449.

Signature	<input type="text"/>	Date	<input type="text"/>
-----------	----------------------	------	----------------------

## DETAILS OF THE MATTER

Who does this matter relate to?

Policyholder	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Child	<input type="checkbox"/>	Family member	<input type="checkbox"/>
--------------	--------------------------	--------	--------------------------	-------	--------------------------	---------------	--------------------------

If a child, is the child financially dependent on the Policyholder and a full-time scholar/student?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

ID Number of Dependent	<input type="text"/>	Date of Birth	<input type="text"/>
------------------------	----------------------	---------------	----------------------

Date on which matter arose	<input type="text"/>
----------------------------	----------------------

Type of matter

Civil	<input type="checkbox"/>	Criminal	<input type="checkbox"/>	Labour	<input type="checkbox"/>	Debt	<input type="checkbox"/>	Family	<input type="checkbox"/>	M/ Vehicle	<input type="checkbox"/>
Property/Accommodation	<input type="checkbox"/>	Other	<input type="checkbox"/>								

