**HEAD OFFICE:**

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Letterhead Line*An Authorised Financial Services Provider: License Number – 31213 Company Registration Number: 2017/237388/07*

**SIPHILASONKE EMPOWERMENT PRODUCT**

A Juristic Representative under FSP License Number 31213

The insured events covered will depend on your OPTION selection at the time of Start Date of your policy.

**OPTION 1 - Legal Advice only @ R 15.49 pm per person**

* No waiting period.
* Telephonic advice.
* Basic Contracts e.g. Domestic Worker Contract, Basic Sale Contract, Power of Attorney, Rental Contract.
* Free half hour consultation, should the need arise for an attorney to deal with the matter at reduced fees thereafter

**OPTION 2 - Legal Prime @ R 89.90 pm per person & Includes Family Funeral cover of R 10,000**

* Spouse and 4 Children up to age of 21 are covered.
* 30 day Waiting period.
* Includes Option1 - Limited to R 55,000.
* Defend you in Criminal matters - Limited to R 20,000.
* Provide Bail money - Limited to R 5,000.
* Institute / defend action on your behalf - Limited to R 20,000.
* Contested Divorce - Limited to R 15,000.
* Maintenance disputes - Limited to R 5,000.
* Labour disputes up to disciplinary stage - Limited to R 5,000.
* Credit Disputes/Rescission of Judgements - Limited to R 5,000.
* Road Accident Fund. Institute legal action for medical costs & loss of limbs etc. - Limited to R 5,000.
* Legal action against 3rd Party that caused vehicle damages following a collision - Limited to R 5,000.
* Insurance Disputes - Limited to R 5,000.
* Assistance on Evictions - Limited to R 5,000.
* Discount on property transfer fees - Limited to 15% of legal costs.
* Optional Extras: Repatriation, Airtime, Grocer Voucher and up to 4 extended family members

**OPTION 3 - Legal Family @ R 139.90 pm per Family**

* Includes all benefits of Option 2 but excludes Funeral cover.
* It provides cover for up to **8 specifically nominated family members** (not more than one degree removed) – e.g. parents, parents in law, siblings, and children over 21.
* **Total aggregate cover is limited to R 150,000 per annum per person.**
* **An Excess fee of R 250.00 is payable with every claim.**
* **Worker's day payment holiday - If client has no claims by Workers Day each year, client will receive next month's premium for free.**

**Optional Funeral Cover Options:**

Repatriation @ R 5.00 per person / per month

R 500 Voucher to use at any retail store @ R 5.00 per person / per month

R 1,000 Voucher to use at any retail store @ R 10.00 per person / per month

R 250 Airtime @ R 5.00 per person / per month

R 500 Airtime @ R 8.00 per person / per month

R 750 Airtime @ R 10.00 per person / per month

**Extended Family for Funeral Cover**

Age 18 – 65 – R 32.00 per member Age 66 – 75 – R 95.00 per member Age 76 – 85 – R 170.00 per member

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DETAILS OF EXTENDED FAMILY (Max of 4 ) FOR R10,000 COVER** | | | | | | |
| **No** | **Surname** | **Full Name** | **ID / Passport Number** | **Age** | **Relationship** | **Premium** |
| **1** |  |  |  |  |  | R |
| **2** |  |  |  |  |  | R |
| **3** |  |  |  |  |  | R |
| **4** |  |  |  |  |  | R |

**Premium Summary:**

|  |  |
| --- | --- |
| **COVER** | **PREMIUM** |
| Legal | R |
| Optional Funeral | R |
| Extended Family | R |
| **TOTAL PREMIUM** | **R** |

**Your Banking Details for Debit Order Deduction**

Name of Account Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Acc

Bank Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Transmission Acc

Name of Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Savings Acc

**Debit Order Date 15th or 1st day of the month Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for Debit Order**

I, the undersigned hereby request and authorize Community Legal Clinic (Pty) Ltd and or its delegate to draw against the abovementioned account, the monthly/yearly premium at the selected date of every month or as close as possible until this contract is cancelled in writing by either party. I further acknowledge that all the CLC benefits are subject to terms and conditions of the policy wording and that by signing this Application Form, I am bound by such terms. I confirm this premium is affordable to me. I confirm this premium is affordable to me. Also if there is insufficient funds in the nominated account to meet this obligation, CLC is entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant / Bank Account Holder Date