

## **ZULEGAL MEMBERSHIP FORM**

### **CLIENT INFORMATION**

NAMES \_\_\_\_\_ SURNAME \_\_\_\_\_  
 IDENTITY NO. \_\_\_\_\_ CELL NUMBER \_\_\_\_\_  
 RESIDENTIAL ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_

### **NEXT OF KIN (OR SPOUSE)**

NAMES \_\_\_\_\_ SURNAME \_\_\_\_\_  
 IDENTITY NO. \_\_\_\_\_ CELL NUMBER \_\_\_\_\_  
 RESIDENTIAL ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_

I \_\_\_\_\_, ID number \_\_\_\_\_  
 do hereby confirm that i wish to join Zulegal Insurance and that I agree to the terms and conditions  
 as per information brochure.

**\*\*BROCHURE OF TERMS AND CONDITIONS RECEIVED - MARK WHICH IS APPLICABLE**

**YES, I HAVE RECEIVED ZULEGAL BROCHURE  
AND READ THE TERMS AND CONDITIONS**

**NO, I HAVE NOT RECEIVED ZULEGAL  
BROCHURE AND HAVE NOT READ THE  
TERMS AND CONDITIONS**

I further authorise Zulegal to debit my bank account monthly and I mandate their debiting  
 services provider to debit from the following banking details.

### **BANKING DETAILS**

ACCOUNT NAME \_\_\_\_\_  
 ACCOUNT NUMBER \_\_\_\_\_  
 BANK NAME \_\_\_\_\_  
 BRANCH CODE \_\_\_\_\_  
 DEBICHECK CELL NUMBER \_\_\_\_\_

### **EMPLOYER DETAILS**

EMPLOYER \_\_\_\_\_  
 PERSAL/EMPLOYMENT NO. \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_  
 PHYSICAL ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

DATE OF DEBIT    1st ☐       7th ☐       15th ☐       25th ☐       31st ☐  
 AMOUNT TO BE DEBITED    R100 ☐       R150 ☐       R250 ☐

**SIGNED AND DATED AT \_\_\_\_\_ ON THIS \_\_\_\_\_**

**SIGNATURE \_\_\_\_\_**