



Registration No: 2016/136653/07
 Office Number: 012 443 6480
 Email Address: info@gladio.co.za

FSP Number: 47082
 VAT Number: 4350277150
 Web Address: www.gladio.co.za

Physical Address: Spaces Menlyn Maine, Pegasus Building 1, 210 Amarand Avenue,
 Waterkloof Glen ext 2, Pretoria, 0181, South Africa

INDIVIDUAL APPLICATION FORM

[Please complete this form in black ink and CAPITAL letters]

NAME OF BROKER:

BROKER CODE:

POLICYHOLDER INFORMATION

INITIALS:

SURNAME:

FULL NAMES:

IDENTITY NUMBER:

NATIONALITY:

MARITAL STATUS:

OFFICE NUMBER:

MOBILE NUMBER:

EMAIL ADDRESS:

PHYSICAL ADDRESS:

POSTAL ADDRESS:

SPOUSE AND DEPENDENT CHILDREN

Spouse (Full names and surname)		Identity Number / Passport Number
Child Dependents (Full names and surname)	Relationship	Identity Number / Passport Number

POLICYHOLDER SIGNATURE:

DATE:

DIRECTOR: FE OLIVIER

Gladio (Pty) Ltd is an Authorised Financial Services Provider (FSP 47082). Underwritten by GENRIC Insurance Company Limited (FSP 43638), an authorised Financial Services Provider and registered Short-term insurer.



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POLICY DETAILS

TYPE OF POLICY	MONTHLY CONTRIBUTION [15% VAT INCLUSIVE]	MAXIMUM LEGAL COVER
Familia Individual legal cost insurance policy	R316,25	R80 000 Legal cover per year (T&C Apply)
BENEFITS INCLUDED		
Unlimited legal advice [24/7]; Firearm registrations / renewals; Drafting and reviewing of contracts; Uninsured loss recovery; Bail applications up to a maximum of R5 000; Criminal matters; Disputes with insurers, suppliers or service providers;	Contractual and delictual claims instituted by or against insured; Consumer-related matters; Litigation regards to tax and financial matters; Family Law Matters [per claim]: <ul style="list-style-type: none"> • Unopposed divorce matters up to a maximum of R8 000; • Maintenance matters up to a maximum of R15 000; • Child Custody matters up to a maximum of R15 000. 	

PAYMENT METHOD

DEBIT ORDER ELECTRONIC FUNDS TRANSFER [EFT]

DEBIT DATE

1st 7th 15th 25th 31st

DEBIT ORDER BANK DETAILS

ACCOUNTHOLDER: TYPE OF ACCOUNT:
 BANK: BRANCH:
 ACCOUNT NUMBER: BRANCH CODE:

I, with the above details, hereby instruct and authorise GENRIC Insurance Company Limited to draw against my bank account the amount necessary for payment of my monthly premium due in respect of the above mentioned insurance.

I agree that variations can be made if I am given a thirty one (31) day notice of the general change in monthly premiums. I understand that the withdrawal authorized is processed by a computer system. I agree to pay any bank charges relating to this debit order instruction.

POLICYHOLDER SIGNATURE: DATE:

DECLARATION

1. I acknowledge that all relevant information regarding the agreement has been explained to me by the representative.
2. I acknowledge that I am aware of the terms and conditions applicable to the products of GENRIC Insurance Company Limited.
3. I confirm that any event that could lead to a legal claim, that arose before the inception date of the policy, is excluded from service rendering and that I will be entitled to legal advice, legal documentation, legal administration and legal representation on receipt of my first premium by GENRIC Insurance Company Limited.

POLICYHOLDER SIGNATURE: DATE:

DIRECTOR: FE OLIVIER