



Retrenchment Benefit Claim Form

Sorerset Office Estate 604 Kudu Street Allen's Nek Roodepoort 1737
PO Box 1524 Florida 1710
Tel 011 470 4000 Docex 6 Florida
memberadmin@legalwise.co.za

NB. Please attach a certified copy of the main Member's official retrenchment letter issued by the Employer.

Please write clearly using CAPITAL letters and one letter per block. Fill in from the left and leave a blank box as a space between words.

1. Main Member's Personal Details

Membership No																
Surname											Title					
First Name/s																
ID No								Date of Birth	Y	Y	Y	Y	M	M	D	D
Tel No								Tel Mobile								
E-Mail																

2. Employer's Details

Name of Employer																
Occupation																
Address																
														Postal Code		
Tel No								Tel Mobile								
Date of Retrenchment	Y	Y	Y	Y	M	M	D	D								

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You are also consenting that LegalWise and LEZA may use your information to contact you regarding changes or updates about your insurance product/s and that LegalWise South Africa may use your information in improving our product offering. If you do not want to receive any future product or service offerings from LegalWise South Africa, then inform Us by contacting Member Administration on 0861 555 654.

Main Member's Signature

Date Y Y Y Y M M D D