

**NEW**

**APPLICATION FOR LEGAL REPRESENTATION IN TERMS  
OF MY SOLDIER'S LEGAL GUARD  
MEMBERSHIP BENEFIT**

I, the undersigned hereby declare that the information hereunder, as furnished by me, is to my personal knowledge true and correct.

I, the undersigned also hereby declare that I fully understand and agree to the terms and conditions as contained in my Soldier's Legal Guard Membership Certificate.

**TO BE COMPLETED BY APPLICANT**

**Personal Particulars:**

Full Names and Surname: \_\_\_\_\_

Identity Number: \_\_\_\_\_ Force Number: \_\_\_\_\_

Rank: \_\_\_\_\_ Unit: \_\_\_\_\_

Telephone Number: (W) (\_\_\_\_\_) \_\_\_\_\_ (H) (\_\_\_\_\_) \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone Number of close relative or friend: \_\_\_\_\_

Details of incident for which Legal Representation is required:

a. When and where did the incident, for the first time originate?

Date \_\_\_\_\_ Time \_\_\_\_\_

Place \_\_\_\_\_

b. Have you made any statement to any person or institution, prior to signing this document, in respect of the incident for which legal representation is required? **YES**  **NO**

c. If a statement had already been made, furnish the rank, name and surname, position, telephone and address contact details of such person to which a statement had been made.

Rank \_\_\_\_\_

Name and Surname \_\_\_\_\_

Position \_\_\_\_\_

Telephone (W) (\_\_\_\_\_) \_\_\_\_\_ Telephone (H) (\_\_\_\_\_) \_\_\_\_\_

Address: (W) \_\_\_\_\_

Address: (H) \_\_\_\_\_  
\_\_\_\_\_

d. Were there any witnesses to the incident, **YES**  **NO**

if the answer is yes, then furnish the details of such witnesses:

Rank \_\_\_\_\_

Name and Surname \_\_\_\_\_

Position \_\_\_\_\_

Telephone (W) (\_\_\_\_\_) \_\_\_\_\_ Telephone (H) (\_\_\_\_\_) \_\_\_\_\_

Address: (W) \_\_\_\_\_  
\_\_\_\_\_

Address: (H) \_\_\_\_\_  
\_\_\_\_\_

Briefly summarise the events that lead to the charges being laid against you and also the events that followed the charges being laid against you, up to the time you have completed this application:

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**PLEASE MARK THE APPLICABLE ANSWER WITH AN X**

- (1) Are you currently indemnified under any other legal protection membership benefit or certificate other than your Soldier's Legal Guard Membership Benefit? **YES**  **NO**
- (2) Did the relevant matter which you are now seeking legal assistance for arise out of a contract that was drawn-up by a legal representative? **YES**  **NO**
- (3) Is the matter you are seeking legal representation for: **CRIMINAL**  **CIVIL**
- (4) Have you previously been found guilty of, or convicted of, or paid an admission of guilt fine for a similar offence you are now seeking legal representation for? **YES**  **NO**

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- (5) Did the matter you are seeking legal representation for arise or threaten to arise before you decided to join SANDU\Soldier's Legal Guard Membership Benefit? **YES**  **NO**

Please give a brief description of the events leading to the action you are now seeking legal representation for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- (6) Have you previously applied to be assisted by Soldier's Legal Guard Membership Benefit with regards to a child maintenance matter? **YES**  **NO**

Dates of previous applications: \_\_\_\_\_

- (7) Please state whether your application for legal representation is a collective application (for more than one applicant).

\_\_\_\_\_

\_\_\_\_\_

- (8) Does your application for legal representation relate to a business of any nature? **YES**  **NO**

- (9) Did the matter you are seeking legal representation for occur inside the RSA? **YES**  **NO**

- (10) Date of your next court appearance: \_\_\_\_\_

- (11) Name of the Court: \_\_\_\_\_

(12) If you have a **military** matter, please provide the following details:

- a. Name of prosecutor: \_\_\_\_\_
- b. The Unit prosecutor is based: \_\_\_\_\_
- c. Telephone number of prosecutor: \_\_\_\_\_

**TERMS AND CONDITIONS CERTIFICATE HOLDERS HAVE TO ABIDE TO IN ORDER FOR THE SOLDIER'S LEGAL GUARD MEMBERSHIP BENEFIT TO BE SUCCESSFULLY PROCESSED:**

- (a) The certificate holder must make sure that all information provided in the application for legal assistance and representation is correct;
- (b) The certificate holder must not follow or act contrary to or in a manner that differs from the reasonable advice of the Administrator or the legal advisor or act contrary to the membership benefit/schedule;
- (c) The certificate holder must agree not to make any statement in terms of which he/she might prejudice his/her rights or admits liability with respect to his/her case;
- (d) The certificate holder must make sure that the event he/she is now seeking legal representation for occurred after payment of the first Membership Fee Contribution towards SANDU;
- (e) The certificate holder must, within 30 days, after becoming aware of the event wherefore he/she is seeking legal representation for, file his/her application with the Administrator through ULASA, to ensure that his/her application for legal representation is successfully processed.

The Administrator reserves the right to decline any application where it is found that the certificate holder did not comply with the terms and conditions as set out above.

The certificate holder will further be held responsible for any legal costs relating to a false or fraudulent application.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

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**SIGNATURE CERTIFICATE HOLDER**

**FOR ULASA/SANDU/SLG OFFICE USE ONLY**

SOLDIER'S LEGAL GUARD REGISTRATION DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

VERIFICATION/CONFIRMATION OF THE BELOW MENTIONED:

**Comments by ULASA Legal Advisor regarding complaint:**

Check list: 1) Last date on which payment was received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**(Attach proof of database printout hereto)**

2) Did member contribute on date of incident? **Yes / No**

**(If yes, then Attach proof of database printout hereto)**

3) Date of Incident: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4) Incident occurred after payment of first contribution: **Yes / No**

5) Incident covered by SLG Membership Benefit: **Yes / No**

6) Application filed within 30 days of date of Incident: **Yes / No**

4) Criminal / Civil / Maintenance: \_\_\_\_\_

**STATE HERE ANY REASONS WHY THIS APPLICATION SHOULD NOT BE CONSIDERED APPROVED**

**IN TERMS OF THE SLG MEMBERSHIP BENEFIT:**

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**ULASA ADVISOR**

**DATE**

**COMMENTS AND RECOMMENDATIONS BY SANDU NATIONAL SECRETARY:**

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\_\_\_\_\_  
NATIONAL SECRETARY: SANDU

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

**COMMENTS AND RECOMMENDATIONS BY LEGAL ADVISOR GSS (PTY) LTD:**

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The application should be: APPROVED/ NOT APPROVED

\_\_\_\_\_  
LEGAL ADVISOR GSS(PTY)LTD

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

**COMMENTS AND DECISION BY SOLDIER’S LEGAL GUARD ADMINISTRATOR:**

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APPROVED/ NOT APPROVED

\_\_\_\_\_  
ADMINISTRATOR: SLG

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE