

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

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) \_\_\_\_\_

\_\_\_\_\_



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

- (1) Are you currently indemnified under any other legal protection policy or certificate other than Soldier's Legal Guard? **YES**  **NO**
- (2) (a) 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 Soldier's Legal Guard? **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 wrt a child maintenance matter? **YES**  **NO**

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

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

\_\_\_\_\_

\_\_\_\_\_

- (8) Does your claim 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**

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

- (a) Certificate holders 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) Certificate holder must agree not to make any statement in terms of which he might prejudice his/her rights or admits liability with respect to his case;
- (d) Certificate holder must make sure that the event he is now seeking legal representation for occurred inside the period of insurance and after payment of the first Membership Fee Contribution;
- (e) Certificate holder must, within 30 days, after becoming aware of the event wherefore he/she is seeking legal representation for, file his/her claim with the Administrator through ULASA, to ensure that his claim is successfully processed.

The Administrator reserves the right to decline any claim 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 claim.

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

\_\_\_\_\_  
**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 Data Base printout hereto)**

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

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

3) Date of Insured Event: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

4) Insured Event after payment of first contribution: **Yes / No**

5) Insured Event covered by SLG Policy: **Yes / No**

6) Claim filed within 30 days of date of Insured Event: **Yes / No**

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

**STATE HERE ANY REASONS WHY THIS CLAIM SHOULD NOT BE CONSIDERED APPROVED IN TERMS OF THE SLG POLICY:**

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**ULASA ADVISOR**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**DATE**

