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CLAIM FORM

NAME AND SURNAME:
IDENTITY NUMBER:
NAME AND SURNAME OF SPOUSE IF APPLICABLE:
ADDRESS OF MEMBER:
CONTACT NUMBER:
ALTERNATIVE CONTACT NUMBER:
EMAIL ADDRESS:

PLEASE SELECT THE NATURE OF THE MATTER FROM THE DROP-DOWN MENU BELOW

Choose an item.

DOES THE MATTER REQUIRE URGENT ATTENTION?

YES ☐

NO ☐

WOULD YOU PREFER A FACE-TO-FACE CONSULTATION?

YES ☐

NO ☐

PLEASE PROVIDE DETAILS OF YOUR CLAIM

Please email or WhatsApp this form to advise@legalcredit.co.za or 066 502 0137. We at Legal Credit Solutions (Pty) Ltd would like to forge a working relationship with you. We look forward to meeting with you to discuss your legal needs.

Friendly Regards

LEGAL CREDIT SOLUTIONS TEAM