

# FINANCIAL INTERMEDIARY FORM



Tel: +264 83 2999 000

E-mail queries: lifemember@prosperitynam.com

"Please do not use tippex in the completion of this form - kindly initial where errors have been made and complete accordingly".

## Why are we requesting the information from you?

The Namibian Financial Intelligence Act No 13 of 2012 requires us to ascertain the identity of our Financial Intermediary and to maintain proper supporting records in this regard.

## Confidentiality

Your confidential information is stored securely within Namibia. We may disclose your personal information to our employees or representatives or when required, experts engaged by us, directly concerned with this mandate. However, we undertake all reasonable steps to ensure that they have the necessary privacy policies in place. We may also disclose your information where we have a duty or a right to disclose same, in terms of applicable legislation, court order, industry codes or where it may be necessary to protect our rights. We are bound by our policies and professional standards and Prosperity Lifecare and its employees maintain complete independence in relationship to policyholders.

To protect the integrity of your information, no amendments to any information provided to us will be accepted without written confirmation from yourself or an authorised representative of the entity.

## Section A - Financial Intermediary Information *(Please complete in English, black ink and as thoroughly as possible.)*

Policy Number															
Title	Initials			Full Names											
Surname															
Physical Address															
Postal Address											Postal code				
Telephone Number	H	Code							W	Code					
Cellphone Number								Fax Number							
Gender								Nationality			E-mail Address				
Date of Birth	D	D	M	M	Y	Y	Y	Y	Age	E-mail Address					
I.D./Passport Number								Passport Expiry Date							
Occupation															

## Section B - Bank Details

<b>IMPORTANT NOTICE:</b> It is compulsory to supply Prosperity Life with this information. (In the event that refunds should be deposited into a different bank account, attach details as well.)										Effective Date		D	D	M	M	Y	Y	Y	Y
Name of Account Holder																			
Bank Name								Bank Branch Name											
Account Number								Bank Branch Code											
Type of Account	Cheque / Current			Savings			Signature of Account Holder												
Proof of Income								Bank Confirmation Letter											

## Section C - Documentation *(The following documentation should be certified copies / \*verified copy to accompany the application form.)*

Namibian Citizen	Yes		No										
Certified copy of ID / valid Passport				Certified copies of Highest Educational Qualifications									
Proof of banking details (Please attach confirmation from the bank)				Proof of registration as a TAX payer from the Receiver of Revenue									
Abridged or shortened CV													

All copies of original documents to be submitted should be duly certified. No copies made from certified documents will be accepted.

## \*Verified Copy

In terms of the Financial Intelligence Act, 2012 (Act 13 of 2012) (FIA) in compliance with Section 22 of the FIA all documents should be verified, in respect of which we elect to have a certified copy. Financial intermediary and certain employees may verify/ascertain a copy against the original. To verify a copy without the original is in contravention of FIA and is a criminal offence.

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## Section D - Politically Exposed Persons ("PEPs") as per the Financial Intelligence Act 13 of 2012

PEPs are persons who are currently or may have held prominent public function(s) in any country. Where a family member, associate or nominated beneficiary of the proposed policyholder is a PEP, for purposes of this application, you are also a PEP. PEP status is not only relevant to government employees or a person involved in politics. Where you are unclear as to whether yourself or any of your proposed beneficiaries may be a PEP, please inform your financial intermediary, advisor or nearest Prosperity Office in order to obtain clarity.

Are you a PEP?	Yes		No	
Are you or the contact person or any stakeholder (in the case of a legal entity, trust or unincorporated entity) a politically exposed person (PEP)?				
Where you have answered "yes" in respect of any of the above, please stipulate the requisite source of funds, being the manner in which income is derived for purposes of legislative compliance (attach source documentation where required).				

## Section E - Acknowledgement

- I acknowledge that the information provided and the details which have been completed on this form are correct and that I have the necessary authority to sign this document.
- I herewith consent to the capturing, storage and recording of information as provided electronically on a computer, Prosperity's computer system records will constitute the record of this transaction and may be utilised as evidence in a court of law should same be required. I additionally consent to the processing and storage of my personal information and special personal information in compliance with and for due usage in regard to the purpose for which it is obtained, inclusive of direct marketing, with due cognisance of international best practice in this regard and requisite legislation.
- I acknowledge that I have the right to request and to have directly submitted to me, upon due request, a copy of any documentation that is submitted by or on my behalf to the Insurer.
- And, I herewith indemnify Prosperity and its directors, agents, intermediaries and employees as well as any other person(s) against any claim arising from the provision and disclosure of the aforementioned information requests.

Financial Intermediary Name		Date	D	D	M	M	Y	Y	Y	Y
Financial Intermediary Signature										
Prosperity Lifecare Representative Name		Date	D	D	M	M	Y	Y	Y	Y
Signature										

## For Office Use

I herewith confirm that this form has been reviewed against the FIA requirements and screened against the UN Sanctions List and I have found it to be compliant.

Name		Date	D	D	M	M	Y	Y	Y	Y
Signature										