

APPLICATION FORM

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Policy Number (New)				Intermediary Information (Broker/Agent Number)				Date			
Insurer Notes:							Approved by:				
1											
2											

Section A - Employment Details *(Please tick appropriate box.)*

Private	<input type="checkbox"/>	Company	<input type="checkbox"/>	CB Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company Name					Telephone Number				
Employee Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B - Applicant Details

Title	<input type="checkbox"/>	Initials	<input type="checkbox"/>	Full Names					
Surname									
Physical Address									
Postal Address									
Telephone Number	<input type="checkbox"/>	H	Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W	Code
Cellphone Number					Fax Number				
E-mail Address									
Date of Birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age			I.D./Passport Number						
Marital Status	Single <input type="checkbox"/>		Married <input type="checkbox"/>		Divorced <input type="checkbox"/>		Widowed <input type="checkbox"/>		Common Law <input type="checkbox"/>
Proposed Date of Joining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section C - Beneficiaries to be Covered *(Attach copy of ID/s/full birth certificates)*

I.D. / Passport no	First Name	Surname	Relationship	Gender	Date of Birth						
				F	M	D	D	M	M	Y	Y
				F	M	D	D	M	M	Y	Y
				F	M	D	D	M	M	Y	Y
				F	M	D	D	M	M	Y	Y

Section D - Policy Option Selection *(Insurance Policy) Please indicate with an (X) in the appropriate block which cover you wish to select.*

Funeral Standard Policy	<input type="checkbox"/>	Funeral Select Policy	<input type="checkbox"/>
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Section E - Optional Policy Selection *(Add on products) Please indicate with an (X) in the appropriate block which cover you wish to select.*

Rescue Me	<input type="checkbox"/>
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Section F - Bank Details *(For Debit Order Premiums or EFT Claim Refunds) (Attach proof of bank account details)*

IMPORTANT NOTICE: 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims Refund	<input type="checkbox"/>																	
Premiums Payments via Debit Order Date	1st of every month <input type="checkbox"/>			20th of every month <input type="checkbox"/>			25th of every month <input type="checkbox"/>											
Name of Account Holder																		
Bank Name					Bank Branch Name													
Account Number					Bank Branch Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Type of Account	Cheque / Current <input type="checkbox"/>		Savings <input type="checkbox"/>		Signature of Account Holder													

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Section G - Documentation *The following documentation should accompany the application form as per the Financial Intelligence Act 2012 (FIA) where applicable:*

Namibian Citizen	Yes	No	
ID / Passport of Policyholder	Birth certificates of children (full birth certificate)		
Proof of banking details (Please attach confirmation from the bank)	Proof of full-time study at a registered technikon or university for child dependants 21 to 25 years of age		
Payslip			
Marriage certificate when registering a spouse / ID / Passport of spouse	Medical certificate for mentally/physically disabled children over 21		
Identification and Verification: Financial Intelligence Act, 13 of 2012 (FIA)			
I hereby confirm that the information provided to me by the policyholder, has been verified against the documentation provided and that the identity of the policyholder has been established and verified as required in terms of Section 21 of the FIA.			
Broker / Agent Name		Date	D D M M Y Y Y Y
Signature of Broker / Agent			

Section H - Beneficiary *(The beneficiary who will be paid the benefit in the event of a death.)*

Name	Surname	I.D. / Passport Number	Relationship

Section I - Medical History

Supply full details on questions below. Where an answer to a question is "Yes", please provide details in the space provided below. Questions pertain to Policyholder and **ALL BENEFICIARIES**.

Non-disclosure of information may result in termination of policy or non-payment of some medical treatment. Have you / your spouse or any one of your beneficiaries ever experienced any of the following? Please mark (X) the relevant box.		Answer	
		Yes	No
1	Are you or your dependants suffering from, or have suffered from any chronic or recurring illness or any serious ailments?		
2	Have you or your dependants received any medical attention of any nature (e.g. hospitalisation, operation, orthodontic, etc.) during the last 2 years?		
3	Are you or your dependants expecting to undergo any procedure, operation or receive any major dental treatment within the next 12 months?		

If the answer to any of the above questions is "Yes", please give a short summary. (Dependant, date, treatment received, condition/illness.)

Section J - Exclusions

In accordance with the Terms and Conditions of the insurance policy, the Insurer may impose waiting periods depending on the level of risk ranging from a 3 (three) month waiting period to a lifelong exclusion on new applications. The insurer may decline a new application depending on the level of risk. The policyholder hereby acknowledges his/her understanding of the policy Terms and Conditions and agrees to the applicable waiting period and exclusion that may be imposed.

Signature of Policyholder	
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Section K - Declaration by Policyholder

I declare to the best of my knowledge and belief that the information given above is true and correct. I understand and agree that any willful misrepresentation in this application form will invalidate any benefit under this Policy. I declare that I have read and understood the terms and conditions attached to this Policy, and understand their meaning and effect, and undertake to abide and to be bound by the terms and conditions of the Policy. Prosperity Lifecare Insurance Limited shall not be liable for any amount until it has accepted this application and this Policy is in force.

Signed at		on this		day of		2	0	Y	Y
Policyholder Name									
Policyholder Signature									

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Section L - Addendum

Prosperity Lifecare Insurance Ltd hereby extends its sincerest gratitude to you for considering us as your potential Insurer of choice. Kindly note the below details prior to completing the application form. Please do not resign from your current medical aid fund or medical insurer prior to obtaining approval of your application in writing. Should any further information be required in this regard please feel free to contact the Client Services Department at Tel: +264 83 2999 736.

1. It is very important that the application form be completed in full in order to ensure that all due considered information is provided.
2. We urge you to note the importance of the medical history section in respect of which we encourage prospective policyholder to be most forthcoming as any omission or misrepresentation of fact may have serious consequences in respect of this policy.
3. Where Prosperity Lifecare Insurance Ltd elects to effect restrictions or exclusions on the principal policyholder or any of the policyholder's beneficiaries, this will be communicated in writing to yourself for approval of the restrictions/exclusions, once signed off by yourself, the registration process may then be completed.
4. Where a policyholder applies for a policy during the course of a benefit year, it is important to take note that policy benefits will be pro-rated.
5. It may be required that you be requested to provide additional information or undergo medical testing in order to ensure the processing of your application, if this is required you will be duly informed.

Section M - 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 broker, 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)?	Yes		No	

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 N - Broker/Agent Review (If applicable)

The Policyholder hereby acknowledges his/her understanding of the below

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|--|---|
| 1. He/She was in fact seen by the Broker/Agent in person. | 2. He/She was given a thorough understanding of the policy and the insured cover. |
| 3. He/She was asked to declare any previous treatment received in the last 24 months prior to joining date. | 4. He/She understands that exclusions and waiting period may be imposed by the Insurer even if found to be pre-existing conditions that were not declared upon joining. |
| 5. He/She understand that treatment may be declined for pre-existing conditions for which treatment was received within 24 months prior to joining where such conditions were not declared upon application. | |

Policyholder Signature

Section O - Employer Warranty (If applicable) Compulsory for Policyholders belonging to Group Scheme.

Name of Company		Date	D	D	M	M	Y	Y	Y	Y
Management Representation		Company Stamp								
Name										
Designation										
Signature of Company Representative										