OXYBONUS INFORMATION FORM

Tel: +264 83 2999 000

E-mail queries: clientservices@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?

Initials

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

Confidentiality

Policy Number

Title

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.

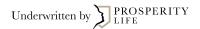
To protect the integrity of your information, no amendments to any information provided to us will be accepted without written confirmation from yourself or an authorised representative of the entity.

Full Names

Section A - Applicant Details (Please complete in English, black ink and as thoroughly as possible.)

Surname																				
Previous Names (If	nes (If any)									Nationality										
Physical Address																				
Postal Address										Postal code										
Telephone Number (H) Code								(W) Code												
Cellphone Number												Fax Number								
I.D./Passport Number								Passport Expiry Date												
E-mail Address																				
Date of Birth	D	D M M Y			Υ	Y Y Age														
Section B - Beneficiaries to be Covered (Attach copy of ID/s/full birth certificates)																				
I.D. / Passport no		First Name				Surname			Relationship		Ger	nder								
										F		M	D	D	M	M	Υ	Υ		
										F		M	D	D	M	M	Υ	Υ		
									F		F	M	D	D	M	M	Υ	Υ		
										F	M	D	D	M	M	Υ	Υ			
Section C - 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.)						Effect	iffective Date		D	M	M	Υ	Υ	Υ	Υ					
Debit Order Premiums										Claims Refund			,							
Premium Payment Debit Order Date	1st of every month			20th of every month			25th of every month				26th of every month									
Name of Account Ho	older																·			
Bank Name					Bank Branch Name				1											
Account Number						Bank					k Branch Code									
Type of Account	Cheque / Current				Savings				gnature of count Holder											
																			prosp	erity-2022





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Section D - Documentation	(The following documentary	tion should	be certified copies	/*verified copy to	ассо	тра	iny th	е ар	plica	tion	forn	1.)	
Namibian Citizen	Ye	es	No										
ID / Passport of Policyholder			Birth certificates of children (full birth certificate)										
Proof of banking details (Please attac	h 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 spou	Medical certificate for mentally/physically disabled children over 21											
Source of funds:													
*Verified Copy In terms of the Financial Intelligence elect to have a certified copy. Financi in contravention of FIA and constitute	al Intermediaries and certain em												
	Identification and Verifi	ication: Finar	ncial 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 FIA.													
Financial Intermediary Name	ncial Intermediary Name Date								Υ	Υ	Υ	Υ	
Signature of Financial Intermediary													
Section E - Politically Exp	oosed Persons ("PEPs	s") as per	r the Financial	Intelligence A	Act 1	L3 c	of 20)12					
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?									N	0			
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)?									N	0			
Where you have answered "yes" in derived for purposes of legislative				urce of funds, being	the r	manr	ner in	whic	h inc	ome	is		
Section F - Acknowledge	ment												
I acknowledge that the information pr I herewith consent to the capturing, the record of this transaction and mainformation and special personal inforcognisance of international best practices. I acknowledge that I have the right to the Insurer. And, I herewith indemnify Prosperity disclosure of the aforementioned information.	ovided and the details which have to storage and recording of informaty be utilised as evidence in a court ormation in compliance with and strice in this regard and requisite less or request and to have directly subvandits directors, agents, intermed	ntion as provid rt of law shoul for due usage egislation. omitted to me	led electronically on a ld same be required. I in regard to the purpo e, upon due request, a	computer, Prosperity' additionally consent to ose for which it is obt in copy of any documer	s composite the princed, in	puter proces nclusi	syster ssing a ive of o	m rec nd sto direct mitte	ords v orage mark	will co of my eting or on	nstit pers with	ute sonal n due ehalf	
Policyholder Name			Date		D	D	M	Μ	Υ	Υ	Υ	Υ	
Policyholder Signature					D	D	M	М	Υ	Υ	Υ	Υ	
Prosperity Lifecare Representative Name					D	D	M	M	Υ	Υ	Υ	Υ	
Signature													
For Office Use													
I herewith confirm that this form has be	een reviewed against the FIA requ	uirements and	screened against the	UN Sanctions List and	l I have	four	nd it to	be c	ompli	ant.			
Name					D	D	M	М	Υ	Υ	Υ	Υ	
Signature													

