

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?

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

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

Policy Number													
Title	Initials			Full Names									
Surname													
Previous Names (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	Y	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	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 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.)										Effective Date	D	D	M	M	Y	Y	Y	Y
Debit Order Premiums				Claims Refund														
Premium Payments via Debit Order Date	1st of every month			20th of every month			25th of every month			26th of every month								
Name of Account Holder																		
Bank Name							Bank Branch Name											
Account Number							Bank Branch Code											
Type of Account	Cheque / Current			Savings			Signature of Account Holder											

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

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	

Source of funds:

*Verified Copy

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

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 FIA.

Financial Intermediary Name		Date	D	D	M	M	Y	Y	Y	Y
Signature of Financial Intermediary										

Section E - 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 F - 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.

Policyholder Name		Date	D	D	M	M	Y	Y	Y	Y
Policyholder Signature			D	D	M	M	Y	Y	Y	Y
Prosperity Lifecare Representative Name			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			D	D	M	M	Y	Y	Y	Y
Signature										