

APPLICATION 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".



Policy Number (New)										Processed by/Date										Representative Information (Representative Number)																			
Insurer Notes:																														Approved by:									
1																																							
2																																							

Section A - Employment Details <i>(Please tick appropriate box.)</i>																													
Private										Company										CB Number									
Company Name										Telephone Number																			
Employee Number										Employment Date										D	D	M	M	Y	Y	Y	Y		

Section B - Applicant Details <i>*(Applicant will be the Policyholder. *The Insurer may request proof for the Source of Funds.)</i>																																																											
*Source of Income										Salary										Private Business										Parental Support										Source of funds, please specify																			
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										Age																																							
Marital Status										Single										Married										Divorced										Widowed										Common Law									
Proposed Date of Joining										0	1	M	M	Y	Y	Y	Y																																										

Section C - Beneficiaries to be Covered <i>(Attach copy of ID(s) / full birth certificates)</i>																																																																																																																							
I.D. / Passport no										First Name										Surname										Relationship										Gender										Date of Birth																																																																					
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Section D - Policy Option Selection and / or *Optional Add-On Policies <i>Please indicate with an (X) in the appropriate block which cover you wish to select.</i>																													
Rescue Me Advance Policy															Rescue Me Policy														
*Funeral Standard Policy															*Funeral Select Policy														

Section E - Beneficiary <i>(*The beneficiary who will be paid the funeral benefit in the event of a death.)</i>																																							
Name										Surname										I.D. / Passport Number										Relationship									

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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		D	D	M	M	Y	Y	Y	Y
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												

Section G - 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 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 policyholder insured cover 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 - 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 000.

1. It is very important that the application form be completed in full in order to ensure that all duly 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.
6. You hereby guarantee that the information supplied by yourself is complete and accurate and this affirmation is extended to any information which in the reasonable opinion of the Insurer is relevant to the insurance risk and where it transpired that the information provided by yourself is incomplete and inaccurate the Insurer may cancel this policy and premiums paid up to such cancellation shall be deemed forfeited by yourself.
7. The Insured acknowledges that he or she has a right to request and to have directly submitted to themselves upon due request, a copy of any documentation that is submitted by or on behalf of the Policyholder to the Insurer in as far as same applies to the polichyolder
8. In due compliance with the Prevention of Organised Crime Act, Act 29 of 2004, the Insured herewith confirms that the fund that will be utilised for the payment of premiums, in terms of this policy, are and shall continue to be derived from a lawful source. The Policyholder additionally hereby avails themselves to provide, upon request any added clarity or documentation as requested by the Insurer to ensure the validity of the source of Funds.
9. The Policyholder herewith consents to the capturing, storage and recording of information as provided electronically on a computer, the Insurers 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. The Policyholder additionally consents to the processing and storage of their 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.
10. In the case of the processing of special personal information of minor children, the parent or guardian of such child undertakes to provide or revoke such consent on behalf of the child.
11. The Policyholder herewith provides informed consent to and further consents to the disclosure to a Financial Intermediary / Health Care Professional as to medical information which gives rise to the completion of the application for the policy and which results as a consequence of an exclusion being applied or the declining of the policy in total or part thereof, this provision enable the Financial / Intermediary/Health Care Professional to provide the Insured with an explanation as to such underwriting or part or total cancellation.
12. The Insured herewith indemnifies the Insurer 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.
13. This policy is issued in Namibia.

Section L - 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 M - 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 N - Financial Intermediary Review

The Policyholder hereby acknowledges his / her understanding of the below.

- | | |
|---|---|
| 1. The applicant was in fact assisted in person / telephonically by the financial intermediary. | 2. The applicant was given a thorough understanding of the product and the benefits applicable. |
| 3. The applicant was asked to declare any previous treatment received in the last 24 months prior to joining date. | 4. The applicant understands that exclusions and waiting period may be imposed by the Administrator on behalf of RMA even if found to be pre-existing conditions that were not declared upon joining. |
| 5. The applicant 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. | |

Applicant Signature		Date	D	D	M	M	Y	Y	Y	Y
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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										

Section P - Declaration by Financial Intermediary

1	I confirm that I have ascertained and verified the identity of the proposed policyholder where relevant, as required by FIA and the Regulations thereto.									
2	I confirm that I have, in addition, seen the identity document or passport of the proposed client and herewith declare that the information contained therein coincides with the details provided as part of the application process.									
Signed at		on this		day of		2	0	Y	Y	
Financial Intermediary Name										
Financial Intermediary Signature										
NAMFISA Reference Number (Where Applicable)										