

COMPLETE COVER CLAIM FORM



Section D - Banking Details *(Attach proof of bank account details)*

Account Holder's Name										
Bank Name										
Account Type	Current / Cheque							Savings		
Account Number										
Branch Code							Branch Name			
Date	D	D	M	M	Y	Y	Y	Y	Signature of Account Holder	

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

Namibian Citizen	Yes		No		
ID / Passport of main Policyholder			Proof of banking details (Kindly attach confirmation from the bank)		
Proof of 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 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.

Section F - Prominent Influential Persons ("PIPs") as per the FIA Legislation.

PIPs are persons holding a prominent public position or function, whether in Namibia or a foreign country or entrusted with a prominent position by an International Organization. In the event that you are a family member, close associate or a nominated beneficiary of a policy held by a PIP or for the benefit of a PIP, you are also considered a PIP. Should you be unsure whether you or your proposed beneficiary is a PIP, kindly inform the authorized employee assisting you at your nearest Prosperity Office or your financial intermediary, to provide clarity in this regard.

Are you a PIP?	YES		NO	
Are you the contact person of, or close associate of or family member of a PIP?	YES		NO	

Should you have answered "yes" to any of the above, please provide a brief description of the reasons for your answer and kindly stipulate the requisite source of funds and/or source of income.

Section G - Declaration

Signature							Date	D	D	M	M	Y	Y	Y	Y
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Section H - For Office Use Only

Assessor Name				Validator Name			
Date Assessed				Date Checked			
Signature				Signature			