

FIA POLICYHOLDER INFORMATION FORM

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Kindly do not use Tippex in the completion of this form - kindly initial where corrections have been made and complete accordingly.



Office Use Only

Screened		Captured		QC		Scanned	
Date		Date		Date		Date	
Signature		Signature		Signature		Signature	

Why are we requesting the information from you?

The Namibian Financial Intelligence Act, No 13 of 2012 read with its Amendment Act, No 6 of 2023 (the "FIA Legislation"), requires us to ascertain the identity of our Policyholder, beneficiaries and/or Beneficial Owners of the policy and to maintain proper record of such persons.

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.

Section A - Policyholder Information

Policy Number															
Title	Initials			Full Names											
Surname															
Physical Address															
Postal Address											Postal code				
Telephone Number	H	Code									W	Code			
Cellphone Number											Fax Number				
Gender											Nationality				
Date of Birth	D	D	M	M	Y	Y	Y	Y	Age		E-mail Address				
I.D./Passport Number											Passport Expiry Date				
Occupation															

Section B - Beneficiaries

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		

Section C - Bank Details

IMPORTANT NOTICE: It is compulsory to provide Prosperity Lifecare 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			Credit															
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 D - Documentation *(The following documents are to be submitted together with the FIA Form.)*

In terms of the FIA Legislation, the documents marked with an * must be certified or verified. Financial Intermediaries and authorized employees may verify a copy against the original document.

Namibian Citizen	Yes	No	
*ID / Passport of Main Policyholder		ID / Passport of spouse	
Proof of banking details (Kindly provide confirmation from the bank not older than 3 months)		Marriage certificate	
*Proof of source of funds		Birth certificate / proof of guardianship of child / (full birth certificate)	

Section E - 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 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										
Prosperity Lifecare Representative Name		Date	D	D	M	M	Y	Y	Y	Y
Signature										

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1	I herewith confirm that this form has been reviewed against the FIA Legislation and all persons referenced on this form have been screened against the United Nations Security Council’s Sanctions List, as required by the Prevention and Combating of Terrorist and Proliferation Activities Act, No 4 of 2014 read with its Amendment Act, No 8 of 2023 (“PACOTPAA Legislation”)									
Signed at		on this		day of		2	0	Y	Y	
Prosperity Lifecare Representative Name										
Signature										

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1	I confirm that I have diligently reviewed this form in compliance with FIA Legislation. Enhanced Due Diligence (EDD) processes, inclusive of Screening against the United Nations Security Council’s Sanctions List, was conducted. I hereby approve the Prominent Influential Person Status.									
Signed at		on this		day of		2	0	Y	Y	
Principal Officer Name										
Signature										