EMPLOYMENT TRANSFER FORM

Tel: +264 83 2999 000
E-mail queries: life@prosperitynam.com

PROSPERITY LIFE

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

Policy Number	Processed by/Date	Representative Information (Representative Number)

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

Insurer Notes:

1	
2	

Section A - Employment Details *(Kindly tick appropriate box.)*

Private		Company															
Previous Company Name																	
New Company Name																	
New Company Address																	
New CB Number									Effective Date	D	D	M	M	Y	Y	Y	Y
Telephone Number									Postal Address								
Employee Number									Employment Date	D	D	M	M	Y	Y	Y	Y
Designation of Employee																	
Company Stamp																	

Section B - Policyholder Details *(Copy of I.D./Passport book to be attached to the application form - legally required)*

Policy Number																	
*Source of Income	Salary		Private Business		Other												
*Source of funds, kindly 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	D	D	M	M	Y	Y	Y	Y
E-mail Address																	
Date of Birth	D	D	M	M	Y	Y	Y	Y	Age								
Marital Status	Single		Married		Divorced		Widowed		Cohabitation								

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Section C - Policy Option Selection

Kindly indicate with an (X) in the appropriate block which cover you wish to select.

OXYGEN MEDICAL INSURANCE										
	Optional MEDBUX - Choose level of cover									
	Level 1 *N$ 200*		Level 2 *N$ 300*		Level 3 *N$ 400*		Level 4 *N$ 500*		Level 5 *N$ 700*	
	Level 6 *N$ 1,000*		Level 7 *N$ 1,500*		Level 8 *N$ 2,000*		Level 9 *N$ 2,500*		Level 10 *N$ 3,000*	
	Level 11 *N$ 4,000*									

Section D - Bank Details *(For Debit Order Contributions or EFT Claim Refunds)*

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.) Kindly provide proof of banking details.

Effective Date	D	D	M	M	Y	Y	Y	Y						
Claims Refund														
Date for Contribution Payments via Debit Order					1st 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 E - Documentation *(The following documents are to be submitted together with the Application 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					*Payslip or other proof of income		
Proof of banking details (Kindly provide confirmation from the bank not older than 3 months)							

Identification and Verification in terms of FIA Legislation

I hereby confirm that information provided to me by the Applicant has been verified in compliance with the FIA Legislation and the identity of the Applicant established.

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

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Section F - 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. Kindly 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 kindly feel free to contact the Client Services Department at Tel: +264 83 2999 000 or email: life@prosperitynam.com

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 Policyholder
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 G - 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.

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Section H - Financial Intermediary Review

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

1. The applicant confirms that he/she was assisted in person/telephonically by the financial intermediary.	2. The applicant confirms that the product was explained and that he/she understands the product and the benefits applicable.
3. The applicant confirms that he/she was asked to declare any medical condition and/or previous treatment received prior to joining date.	4. The applicant confirms that he/she understands that exclusions and/or waiting period may be imposed by the of the fund inclusive of any pre-existing conditions that were not declared upon joining.
5. The applicant understands that any treatment may be declined in the event that a pre-exiting condition was not declared upon application.	

Applicant Signature		Date	D	D	M	M	Y	Y	Y	Y

Section I - 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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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									