APPLICATION FORM

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

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

Private		Company								CB Number							
Company Name									Telephone Number								
Employee Number									Employment Date	D	D	M	M	Y	Y	Y	Y

Section B - Employer Warranty *(If applicable) Compulsory for Policyholders belonging to Employer Group.*

Name of Company		Date	D	D	M	M	Y	Y	Y	Y
Management Representation		Company Stamp								
Name										
Designation										
Authorised Signatory Signature										

Section C - Applicant Details

*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								
Proposed Date of Joining	0	1	M	M	Y	Y	Y	Y									

Section D - 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

Section E - Policy Option Selection and / or *Optional Add-On Policies *Kindly indicate with an (X) in the appropriate block which cover you wish to select.*

Rescue Me Advance Policy		Rescue Me Policy	
*Funeral Standard Policy		*Funeral Select Policy	

Section F - Beneficiary *(*The beneficiary who will be paid the funeral benefit in the event of a death)*

Name	Surname	I.D. / Passport Number	Relationship

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

IMPORTANT NOTICE: It is compulsory to provide Prosperity Life with this information. (In the event that refunds should be deposited into a different bank account, attach details as well.)

Claims Refund													
Premium Payments via Debit Order Date	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 H - 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.

ID / Passport of Applicant		Marriage certificate when registering a spouse / ID / Passport of spouse / Declaration of cohabitation	
Proof of banking details (Kindly provide confirmation from the bank not older than 3 months)		Birth certificate / proof of guardianship of child / (full birth certificate)	
Payslip or other proof of income		Medical certificate for mentally/physically disabled children over 21	

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											

Section I - Medical History

Supply full details on questions below. Where an answer to a question is "Yes", kindly provide comprehensive details in the space provided below. Questions pertain to Applicant and **ALL BENEFICIARIES**.

Non-disclosure of information may result in termination of policyholder or non-payment of some medical treatment. Have you / your spouse or any one of your beneficiaries ever experienced any of the following? **Kindly mark (x) the relevant box.**		Answer	
		Yes	**No**
1	Are you or your beneficiaries suffering from, or have suffered from any chronic or recurring illness or any serious aliments?		
2	Have you or your beneficiaries received any medical attention of any nature (e.g. hospitalisation, operation, orthodontic, etc.) during the last 2 years?		
3	Are you or your beneficiaries 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", kindly 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 Applicant 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 Applicant	

Section K - 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 L - 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 Applicant 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 Applicant 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 Applicant 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 Applicant to the Insurer in as far as same applies to the policyholder.
8. In compliance with the Prevention of Organised Crime Act, No 29 of 2004 as amended, the Applicant confirms that the funds 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 Applicant additionally avails themselves to provide, upon request, any added clarity or documentation as may be required by the Insurer to ensure the legality of the source of the funds.
9. The Applicant 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 Applicant 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 Applicant 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 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
Applicant Name									
Applicant Signature									

RESCUE ME APPLICATION FORM

Section N - Financial Intermediary Review

The Applicant 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 policy was explained and that he/she understands the policy 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 Insurer 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 O - Declaration by Financial Intermediary

1	I confirm that I have ascertained and verified the identity of the proposed Applicant 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 Applicant 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)	

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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	