APPLICATION FORM





PARTICULARS OF APPLICANT

Title: Surname:		Maiden Name:	
Full Name (s):		DOB/ID No.: Passport No.:	
Gender: Nationality:	Marital Status:	Single Married Widowed Divorced	
Cell: Email:		Employer:	
Occupation: Te	elephone: (W)	(H)	
Physical Address:			
Postal Address: Method of Payment: SO (Salary Order) PAYER If the person responsible for the payment is the Insured. Source of Funds:		Political Exposed Person: Yes No	
		Related to a Political Exposed Person: Yes No	
		Political Exposed Person: Yes No Relationship:	
PAYER Details (If the person responsible for payment is NOT			
TATER Betails (if the percent responsible for payment to the f	the medical		
Relationship: Surname:		Full Names:	
DOB/ID No.: Email:			
Physical Address:			
Telephone number: (W)	(H)	Cell:	
Employer:	Occupation:		
Signature:	Source of income:		

Bank Details (For payout purposes)		
Account Holder Name & Surname:	Name of Bank:	
Account Number: Branch Code:	Account Type:	
I wish to pay the above option by Debit Order from my bank account on the day of every month.		
Salary Details		
Employer: Salary No.:		
HR Officer: Contact Details:		
I hereby nominate the following beneficiary		
Name:	DOB/ID no.:	
Surname: Maiden Name:	Full Name (s):	
Cell: Email:	Telephone: (W) (H)	
Monthly savings amount N\$250.00 (min) N\$ p/m		
Date: Member signature:	_ 1st Deduction date:	
Agents Code:		
REFER A FRIEND		
1. Name: Surname:	Contact Details:	
2. Name: Surname:	Contact Details:	
How do you prefer your contract and schedule: Email Collect Post Do you want a membership card? Yes No		
FOR INTERNAL USE ONLY: (Certified copy/verified copy) Bank Statement ID Number ID Payee Pay Slip Birth Certificate Marriage Co	Non-Namibian Permanent Residency Domicle Work Permit	