



UNDERWRITTEN BY TRUSTCO LIFE LIMITED

APPLICATION FORM

JUNE 2022

PARTICULARS OF APPLICANT

Trustco Domestic Investment Program TDIP 6a.22

Title: _____ Surname: _____ Maiden Name: _____

Full Name (s): _____ DOB/ID No.:

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Gender: _____ Nationality: _____ Martial Status: Single Married Widowed Divorced

Cell: _____ Email: _____ Employer: _____

Occupation: _____ Telephone: (W) _____ (H) _____

Physical Address: _____

Postal Address: _____ Political Exposed Person: Yes No

Designation: _____

Related to a Political Exposed Person: Yes No

Relationship: _____

Method of Payment: EFT **PAYER** If the person responsible for the payment is the Insured.

Source of funds: _____

Bank Details

Account Holder Name & Surname: _____ Name of Bank: _____

Account Number: _____ Branch Code: _____ Account Type: _____

I hereby nominate the following beneficiary

Full Name(s): _____ DOB/ID no.:

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Surname: _____ Maiden Name: _____ Contact Details: _____

OPTIONS

TDIP 6a.22

Lump sum N\$100 000 minimum and multiples of N\$100 000

N\$ _____ *Once off*

Term: 12 Months 36 Months 60 Months **Interest:** Monthly Quarterly Annually Maturity date

Date: _____ Member signature: _____ Investment 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

FOR INTERNAL USE ONLY:

(Certified copy/verified copy)

Bank Statement

Non-Namibian

Permanent Residency

ID Number

ID Payee

Pay Slip

Birth Certificate

Marriage Certificate

Domicile

Work Permit

When finish filling in form and your details are correct, click the submit button.