



UNDERWRITTEN BY TRUSTCO LIFE LIMITED

APPLICATION FORM



JULY 2020

PARTICULARS OF APPLICANT

Allocated Sim Number: _____ (Start Save)

Title: _____ Surname: _____ Maiden Name: _____

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

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

Cell: _____ Email: _____ Employer: _____

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

Physical Address: _____

Postal Address: _____ Political Exposed Person: Yes No

Next kin's surname: _____	Full Name (s): _____
DOB/ID no.: []	Cell: _____

Designation: _____

Related to a Political Exposed Person: Yes No

Relationship: _____

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

Source of income: _____ Gross individual monthly income:
 N\$1 000 - N\$5 000 N\$5 000 - N\$10 000
 N\$10 000 - above

PAYER Details (If the person responsible for payment is NOT the insured)

Relationship: _____ Surname: _____ Full Names: _____

DOB/ID No.: [] Email: _____

Physical Address: _____

Telephone number: (W) _____ (H) _____ Cell: _____

Employer: _____ Occupation: _____

Signature: _____

Source of income: _____ Gross individual monthly income:
 N\$1 000 - N\$5 000 N\$5 000 - N\$10 000
 N\$10 000 - above

Bank Details (If the method of payment is Debit Order)

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 (If the method of payment is Salary Order)

Employer: _____ Salary No.: _____
HR Officer: _____ Contact Details: _____

I hereby nominate the following beneficiary

Name: _____ DOB/ID no.:

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Surname: _____ Maiden Name: _____ Full Name (s): _____

OPTIONS

start save 60 Months
(Recurring Savings with Data)
N\$250 p/m (min)
N\$ _____ p/m

life save 60 Months
N\$250 p/m (min)
N\$ _____ p/m

elite save
Lump sum N\$50 000 (min)
N\$ _____ p/m *Once off*
Recurring N\$2 500 (min)
N\$ _____ p/m

(Applicable to Elite Save only)
 12 Months 24 Months
 36 Months 48 Months
 60 Months

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 Non-Namibian Permanent Residency
ID Number ID Payee Pay Slip Birth Certificate Marriage Certificate Domicile
Work Permit