



LEGAL *Shield*

Rather have it.

APPLICATION FORM



CIF No:

Policy No:

PARTICULARS OF APPLICANT

Title: _____ Surname: _____ Maiden Name: _____

Full Name (s): _____ Passport No.:

Gender: Male Female Marital Status: Single Married Widowed Divorced

Are you a Namibian Citizen?: Yes No If "No" Domicile Work Permit Permanent Resident

Cell: _____ Email: _____ Employer: _____

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

Physical Address: _____

Postal Address: _____

Prominent Influential Person: Yes No

Designation: _____

Prominent Influential Person: Yes No

Relationship: _____

Next kin's surname: _____ Full Name (s): _____

DOB/ID no.: Cell: _____

Method of Payment: DO SO Cash 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: _____ Preferred deduction date: _____

Particulars of Insured

Main Insured: Name: _____ Surname: _____

ID no./Date of birth: _____

Spouse: Name: _____ Surname: _____

ID no./Date of birth: _____

Children:

1) _____ DOB: _____

2) _____ DOB: _____

3) _____ DOB: _____

4) _____ DOB: _____

5) _____ DOB: _____

Extended family member: Name: _____ Surname: _____
(Funeral option only)

ID no./Date of birth:

Relationship: _____

Are you, or any of the persons in the table above, suffering from or receiving medical treatment/advice for any disease/illness or have you, or any of the persons in the table above, suffered from any disease/illness or received any medical treatment/advice in the past 12 months?

Yes: No: If you answered yes to the above question, full details of the disease/illness/treatment must be attached.

Have you or any of the persons in the table above been involved in any action that may give rise to any legal proceedings before you became a Legal Shield member?

Yes: No: If you answered yes to the above question, full details must be attached.

I hereby nominate the following beneficiaries:

Free Funeral Name: _____

Surname: _____

ID no.: _____

Funeral Benefit Name: _____

Surname: _____

ID no.: _____

SECURITY QUESTIONS

(Will be confirmed on payout of Nawa Bonus)

1. Name of your Primary School? _____

2. Name of first pet? _____

3. Favourite colour? _____

Personal Business cover

N\$80

Name of business: _____

Type of entity: Sole Prop CC (PTY) LTD

Address: _____

P.O. Box: _____

Nature of Business: _____

Annual Turnover: _____

If more than one business, kindly complete on separate page with full details.

SINGLE

Legal Shield	D/O	S/O
N\$250 000	<input type="checkbox"/> N\$165	<input type="checkbox"/> N\$158
N\$260 000	<input type="checkbox"/> N\$191	<input type="checkbox"/> N\$183
N\$270 000	<input type="checkbox"/> N\$216	<input type="checkbox"/> N\$208
N\$280 000	<input type="checkbox"/> N\$242	<input type="checkbox"/> N\$233
N\$290 000	<input type="checkbox"/> N\$267	<input type="checkbox"/> N\$258
N\$300 000	<input type="checkbox"/> N\$292	<input type="checkbox"/> N\$285

ADDITIONAL OPTIONS

Hospital Cover	<input type="checkbox"/> N\$81	<input type="checkbox"/> N\$78
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Dread Disease		
N\$50 000	<input type="checkbox"/> N\$172	<input type="checkbox"/> N\$163
N\$60 000	<input type="checkbox"/> N\$194	<input type="checkbox"/> N\$186
N\$70 000	<input type="checkbox"/> N\$217	<input type="checkbox"/> N\$209
N\$80 000	<input type="checkbox"/> N\$240	<input type="checkbox"/> N\$232
N\$90 000	<input type="checkbox"/> N\$264	<input type="checkbox"/> N\$255
N\$100 000	<input type="checkbox"/> N\$287	<input type="checkbox"/> N\$277
N\$110 000	<input type="checkbox"/> N\$309	<input type="checkbox"/> N\$300
N\$120 000	<input type="checkbox"/> N\$332	<input type="checkbox"/> N\$323
N\$130 000	<input type="checkbox"/> N\$355	<input type="checkbox"/> N\$347
N\$140 000	<input type="checkbox"/> N\$378	<input type="checkbox"/> N\$370
N\$150 000	<input type="checkbox"/> N\$401	<input type="checkbox"/> N\$392

Income Protector (Excl. HIV)

Age 18-35	<input type="checkbox"/> N\$197	<input type="checkbox"/> N\$188
Age 36-45	<input type="checkbox"/> N\$396	<input type="checkbox"/> N\$378
Age 46-55	<input type="checkbox"/> N\$521	<input type="checkbox"/> N\$496

Income Protector (Incl. HIV)

Age 18-35	<input type="checkbox"/> N\$445	<input type="checkbox"/> N\$423
Age 36-45	<input type="checkbox"/> N\$547	<input type="checkbox"/> N\$521
Age 46-55	<input type="checkbox"/> N\$653	<input type="checkbox"/> N\$623

Funeral Cover (Excl. HIV)

Funeral Cover (Excl. HIV)	<input type="checkbox"/> N\$72	<input type="checkbox"/> N\$68
Funeral Cover (Incl. HIV)	<input type="checkbox"/> N\$126	<input type="checkbox"/> N\$117

FAMILY

Legal Shield	D/O	S/O
N\$250 000	<input type="checkbox"/> N\$318	<input type="checkbox"/> N\$301
N\$260 000	<input type="checkbox"/> N\$343	<input type="checkbox"/> N\$327
N\$270 000	<input type="checkbox"/> N\$369	<input type="checkbox"/> N\$353
N\$280 000	<input type="checkbox"/> N\$394	<input type="checkbox"/> N\$378
N\$290 000	<input type="checkbox"/> N\$419	<input type="checkbox"/> N\$403
N\$300 000	<input type="checkbox"/> N\$445	<input type="checkbox"/> N\$428

ADDITIONAL OPTIONS

Hospital Cover	<input type="checkbox"/> N\$81	<input type="checkbox"/> N\$78
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Dread Disease		
N\$50 000	<input type="checkbox"/> N\$172	<input type="checkbox"/> N\$163
N\$60 000	<input type="checkbox"/> N\$194	<input type="checkbox"/> N\$186
N\$70 000	<input type="checkbox"/> N\$217	<input type="checkbox"/> N\$209
N\$80 000	<input type="checkbox"/> N\$240	<input type="checkbox"/> N\$232
N\$90 000	<input type="checkbox"/> N\$264	<input type="checkbox"/> N\$255
N\$100 000	<input type="checkbox"/> N\$287	<input type="checkbox"/> N\$277
N\$110 000	<input type="checkbox"/> N\$309	<input type="checkbox"/> N\$300
N\$120 000	<input type="checkbox"/> N\$332	<input type="checkbox"/> N\$323
N\$130 000	<input type="checkbox"/> N\$355	<input type="checkbox"/> N\$347
N\$140 000	<input type="checkbox"/> N\$378	<input type="checkbox"/> N\$370
N\$150 000	<input type="checkbox"/> N\$401	<input type="checkbox"/> N\$392

Income Protector (Excl. HIV)

Age 18-35	<input type="checkbox"/> N\$292	<input type="checkbox"/> N\$278
Age 36-45	<input type="checkbox"/> N\$459	<input type="checkbox"/> N\$437
Age 46-55	<input type="checkbox"/> N\$564	<input type="checkbox"/> N\$538

Income Protector (Incl. HIV)

Age 18-35	<input type="checkbox"/> N\$658	<input type="checkbox"/> N\$626
Age 36-45	<input type="checkbox"/> N\$718	<input type="checkbox"/> N\$684
Age 46-55	<input type="checkbox"/> N\$759	<input type="checkbox"/> N\$723

Funeral Cover (Excl. HIV)

Funeral Cover (Excl. HIV)	<input type="checkbox"/> N\$172	<input type="checkbox"/> N\$164
Funeral Cover (Incl. HIV)	<input type="checkbox"/> N\$249	<input type="checkbox"/> N\$237

PARTICULARS OF PARENT(S)/PARENTS-IN-LAW
(N\$15 000.00 cover per parent) (Funeral option only)

Name of Father: _____	Under 65	N\$50	<input type="checkbox"/>
ID no./Date of Birth: <input type="text"/>	65 – 74	N\$118	<input type="checkbox"/>
	75 – 85	N\$226	<input type="checkbox"/>
Name of Mother: _____	Under 65	N\$50	<input type="checkbox"/>
ID no./Date of Birth: <input type="text"/>	65 – 74	N\$118	<input type="checkbox"/>
	75 – 85	N\$226	<input type="checkbox"/>
Name of Father-in-law: _____	Under 65	N\$50	<input type="checkbox"/>
ID no./Date of Birth: <input type="text"/>	65 – 74	N\$118	<input type="checkbox"/>
	75 – 85	N\$226	<input type="checkbox"/>
Name of Mother-in-law: _____	Under 65	N\$50	<input type="checkbox"/>
ID no./Date of Birth: <input type="text"/>	65 – 74	N\$118	<input type="checkbox"/>
	75 – 85	N\$226	<input type="checkbox"/>

