

Details of applicant

Surname/Name of Company/Close Corporation/Partnership: _____
 Business address: _____
 Postal address: _____
 Tel no.: _____
 Fax no.: _____
 E-mail address: _____
 Core business of applicant: _____
 ID no./Reg no./Close Corporation no.: _____
 VAT registration no.: _____
 Number of employees: _____
 Monthly gross income: _____
 Source of income: _____

Premiums	
Free Funeral Policy for all employees included	
Employees	
1 – 5	N\$ 449.00
6 – 10	N\$ 899.00
11 – 15	N\$ 1,221.00
16 – 20	N\$ 1,628.00
21 – 30	N\$ 2,089.00
31 – 40	N\$ 2,582.00
41 – 60	N\$ 3,872.00
61 – 80	N\$ 4,490.00
81 – 100	N\$ 4,772.00
VAT inclusive	

Names and particulars of Directors/Partners/Members/Sole Proprietor

Name & surname: _____ ID: _____
 Name & surname: _____ ID: _____
 Name & surname: _____ ID: _____

Banking / payment details of business

Financial institution: _____
 Account held in name of: _____
 Type of account: Current: _____ Savings: _____ Other (specify): _____
 Bank account no.: _____ Branch no.: _____
 How are monthly instalments to be paid: _____ Debit order: _____ Other (specify): _____
 Signed at _____ this _____ day of _____ 20_____
 First deduction date: _____ (This will be effective date of the policy)

Please specify & submit details of users that will have authorised access to the Business Shield database (Access will be granted with username and password on the effective date)

Name & surname: _____ Job title: _____
 Name & surname: _____ Job title: _____
 Name & surname: _____ Job title: _____

Kindly submit details of all employees on reverse side of this document.

Documents to accompany this application:

1. ID document of applicant in case of Sole Proprietor or Partnership
2. Resolution in case of Company or Close Corporation
3. Certificate of Incorporation in case of Company or Close Corporation

Do you need any immediate assistance?

If any, what is it? _____

I, hereby, certify that the particulars given above are true and correct and understand that the application is subject to Trustco Insurance Ltd. standard terms and conditions as amended from time to time.

Signature of applicant: _____ Date: _____

Capacity: _____

Your membership no.: _____ First deduction date: _____ Agent's code: _____

List of Employees

	Surname	Name	Job Title	ID/Passport No.	Cell No.	Date Employed	Beneficiary	Beneficiary ID
1								
2								
3								
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Documents Attached For Internal Use Only

- ID Main member
- ID Payee
- ID Beneficiary/Dependant's
- Birth Certificate