



**LEGAL *Shield***

Rather have it.

# APPLICATION FORM



APRIL 2021

CIF No:

Policy No:

## PARTICULARS OF APPLICANT

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Full Name (s): \_\_\_\_\_ DOB/ID 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: \_\_\_\_\_ Political Exposed Person:  Yes  No

Next kin's surname: _____	Full Name (s): _____
DOB/ID no.: <input type="text"/>	Cell: _____

Designation: \_\_\_\_\_

Related to a Political Exposed Person:  Yes  No

Relationship: \_\_\_\_\_

**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\$69**

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\$143	<input type="checkbox"/> N\$136
N\$260 000	<input type="checkbox"/> N\$165	<input type="checkbox"/> N\$158
N\$270 000	<input type="checkbox"/> N\$187	<input type="checkbox"/> N\$180
N\$280 000	<input type="checkbox"/> N\$209	<input type="checkbox"/> N\$202
N\$290 000	<input type="checkbox"/> N\$231	<input type="checkbox"/> N\$224
N\$300 000	<input type="checkbox"/> N\$253	<input type="checkbox"/> N\$246

**ADDITIONAL OPTIONS**

<b>Hospital Cover</b>	<input type="checkbox"/> N\$70	<input type="checkbox"/> N\$67
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Dread Disease		
N\$50 000	<input type="checkbox"/> N\$149	<input type="checkbox"/> N\$141
N\$60 000	<input type="checkbox"/> N\$168	<input type="checkbox"/> N\$161
N\$70 000	<input type="checkbox"/> N\$188	<input type="checkbox"/> N\$181
N\$80 000	<input type="checkbox"/> N\$208	<input type="checkbox"/> N\$201
N\$90 000	<input type="checkbox"/> N\$228	<input type="checkbox"/> N\$221
N\$100 000	<input type="checkbox"/> N\$248	<input type="checkbox"/> N\$240
N\$110 000	<input type="checkbox"/> N\$267	<input type="checkbox"/> N\$260
N\$120 000	<input type="checkbox"/> N\$287	<input type="checkbox"/> N\$280
N\$130 000	<input type="checkbox"/> N\$307	<input type="checkbox"/> N\$300
N\$140 000	<input type="checkbox"/> N\$327	<input type="checkbox"/> N\$320
N\$150 000	<input type="checkbox"/> N\$347	<input type="checkbox"/> N\$339

**Income Protector (Excl. HIV)**

Age 18-35	<input type="checkbox"/> N\$171	<input type="checkbox"/> N\$163
Age 36-45	<input type="checkbox"/> N\$343	<input type="checkbox"/> N\$327
Age 46-55	<input type="checkbox"/> N\$451	<input type="checkbox"/> N\$429

**Income Protector (Incl. HIV)**

Age 18-35	<input type="checkbox"/> N\$385	<input type="checkbox"/> N\$366
Age 36-45	<input type="checkbox"/> N\$474	<input type="checkbox"/> N\$451
Age 46-55	<input type="checkbox"/> N\$565	<input type="checkbox"/> N\$539

**Funeral Cover (Excl. HIV)**

<input type="checkbox"/> N\$63	<input type="checkbox"/> N\$59
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**Funeral Cover (Incl. HIV)**

<input type="checkbox"/> N\$109	<input type="checkbox"/> N\$101
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**FAMILY**

Legal Shield	D/O	S/O
N\$250 000	<input type="checkbox"/> N\$275	<input type="checkbox"/> N\$261
N\$260 000	<input type="checkbox"/> N\$297	<input type="checkbox"/> N\$283
N\$270 000	<input type="checkbox"/> N\$319	<input type="checkbox"/> N\$305
N\$280 000	<input type="checkbox"/> N\$341	<input type="checkbox"/> N\$327
N\$290 000	<input type="checkbox"/> N\$363	<input type="checkbox"/> N\$349
N\$300 000	<input type="checkbox"/> N\$385	<input type="checkbox"/> N\$371

**ADDITIONAL OPTIONS**

<b>Hospital Cover</b>	<input type="checkbox"/> N\$70	<input type="checkbox"/> N\$67
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Dread Disease		
N\$50 000	<input type="checkbox"/> N\$149	<input type="checkbox"/> N\$141
N\$60 000	<input type="checkbox"/> N\$168	<input type="checkbox"/> N\$161
N\$70 000	<input type="checkbox"/> N\$188	<input type="checkbox"/> N\$181
N\$80 000	<input type="checkbox"/> N\$208	<input type="checkbox"/> N\$201
N\$90 000	<input type="checkbox"/> N\$228	<input type="checkbox"/> N\$221
N\$100 000	<input type="checkbox"/> N\$248	<input type="checkbox"/> N\$240
N\$110 000	<input type="checkbox"/> N\$267	<input type="checkbox"/> N\$260
N\$120 000	<input type="checkbox"/> N\$287	<input type="checkbox"/> N\$280
N\$130 000	<input type="checkbox"/> N\$307	<input type="checkbox"/> N\$300
N\$140 000	<input type="checkbox"/> N\$327	<input type="checkbox"/> N\$320
N\$150 000	<input type="checkbox"/> N\$347	<input type="checkbox"/> N\$339

**Income Protector (Excl. HIV)**

Age 18-35	<input type="checkbox"/> N\$253	<input type="checkbox"/> N\$241
Age 36-45	<input type="checkbox"/> N\$397	<input type="checkbox"/> N\$378
Age 46-55	<input type="checkbox"/> N\$488	<input type="checkbox"/> N\$365

**Income Protector (Incl. HIV)**

Age 18-35	<input type="checkbox"/> N\$570	<input type="checkbox"/> N\$542
Age 36-45	<input type="checkbox"/> N\$622	<input type="checkbox"/> N\$592
Age 46-55	<input type="checkbox"/> N\$657	<input type="checkbox"/> N\$626

**Funeral Cover (Excl. HIV)**

<input type="checkbox"/> N\$149	<input type="checkbox"/> N\$142
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**Funeral Cover (Incl. HIV)**

<input type="checkbox"/> N\$215	<input type="checkbox"/> N\$205
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**PARTICULARS OF PARENT(S)/PARENTS-IN-LAW**  
(N\$15 000.00 cover per parent) (Funeral option only)

Name of Father: _____	Under 65	N\$44	<input type="checkbox"/>
ID no./Date of Birth: <input type="text"/>	65 – 74	N\$102	<input type="checkbox"/>
	75 – 85	N\$195	<input type="checkbox"/>
Name of Mother: _____	Under 65	N\$44	<input type="checkbox"/>
ID no./Date of Birth: <input type="text"/>	65 – 74	N\$102	<input type="checkbox"/>
	75 – 85	N\$195	<input type="checkbox"/>
Name of Father-in-law: _____	Under 65	N\$44	<input type="checkbox"/>
ID no./Date of Birth: <input type="text"/>	65 – 74	N\$102	<input type="checkbox"/>
	75 – 85	N\$195	<input type="checkbox"/>
Name of Mother-in-law: _____	Under 65	N\$44	<input type="checkbox"/>
ID no./Date of Birth: <input type="text"/>	65 – 74	N\$102	<input type="checkbox"/>
	75 – 85	N\$195	<input type="checkbox"/>

I hereby certify that the particulars given above are true and correct, and understand that this application is subject to standard terms and conditions of the insurer, as amended from time to time. Agree

Member signature: \_\_\_\_\_ Date: \_\_\_\_\_

First deduction date: \_\_\_\_\_ Agent's code: \_\_\_\_\_

Extension: \_\_\_\_\_ Time: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

**DOCUMENTS ATTACHED: VERIFIED/CERTIFIED:**

- ID Main member
- ID Payer
- ID Beneficiary/dependants
- Birth certificates
- Marriage certificate
- Bank statement
- Payslip
- Non Namibian
- Domicile
- Work Permit
- Permanent Residence

**FOR INTERNAL USE ONLY**

Yes No

- Admin fee
- Written off
- Conversion

Date: \_\_\_\_\_

**COMMENTS (INTERNAL)**

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