

**LEGAL *Shield***

Rather have it.

APPLICATION FORM

JULY 2021

CIF No: **PARTICULARS OF APPLICANT**Policy No:

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.: 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: _____

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Spouse: Name: _____ Surname: _____
ID no./Date of birth: _____

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Children:
1) _____ DOB: _____
2) _____ DOB: _____
3) _____ DOB: _____
4) _____ DOB: _____
5) _____ DOB: _____

Extended family member: Name: _____ Surname: _____
(Funeral option only)
ID no./Date of birth: _____

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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

Hospital Cover	<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

Hospital Cover	<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 <input type="checkbox"/> | • Payslip <input type="checkbox"/> |
| • ID Payer <input type="checkbox"/> | • Non Namibian <input type="checkbox"/> |
| • ID Beneficiary/dependants <input type="checkbox"/> | • Domicile <input type="checkbox"/> |
| • Birth certificates <input type="checkbox"/> | • Work Permit <input type="checkbox"/> |
| • Marriage certificate <input type="checkbox"/> | • Permanent Residence <input type="checkbox"/> |
| • Bank statement <input type="checkbox"/> | |

FOR INTERNAL USE ONLY

- | | Yes | No |
|---------------|--------------------------|--------------------------|
| • Admin fee | <input type="checkbox"/> | <input type="checkbox"/> |
| • Written off | <input type="checkbox"/> | <input type="checkbox"/> |
| • Conversion | <input type="checkbox"/> | <input type="checkbox"/> |

Date: _____

COMMENTS (INTERNAL)



TRUSTCO
oishi li nawa | it's all good