



DENT *Shield*

APPLICATION FORM

CIF No:

Policy No:

PARTICULARS OF APPLICANT

Title: _____ Surname: _____ Maiden Name: _____

Full Name (s): _____ 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: _____ Prominent Influential Person: Yes No

| |
|---|
| Regular Driver's Name: _____ |
| Drivers Licence Number: _____ Code: _____ |
| Expiry Date: _____ |

Destination: _____

Prominent Influential 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.: <input type="text"/> | Email: _____ |
| Physical Address: _____ | |
| Telephone number: (W) _____ (H) _____ Cell: _____ | |
| Employer: _____ Occupation: _____ | |
| Signature: _____ | |
| Source of income: _____ | |
| Gross individual monthly income: <input type="checkbox"/> N\$1 000 - N\$5 000 <input type="checkbox"/> N\$5 000 - N\$10 000 <input type="checkbox"/> N\$10 000 - above | |
| Payer Signature: _____ Date: _____ | |

| | |
|--|--|
| Bank Details (If the method of payment is Debit Order) | |
| Account Holder Name & Surname: _____ | Name of Bank: _____ |
| Account Number: _____ | Branch Code: _____ Account Type: _____ |
| <input type="checkbox"/> 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 Vehicle

Date of liability for first registration: _____

Make of Vehicle: _____ Year Model of Vehicle: _____ Date liable for registration: _____

Vehicle Registration Number: Engine Number: Vehicle Identification Number (VIN): Is your vehicle currently insured?: Yes No**Cover Options**

| Insured Value | Premium | Fixed Excess | Tick to select |
|------------------------|---------|--------------|----------------|
| 0 - 39,999.99 | 299.00 | 3,500.00 | |
| 40,000.00 - 49,999.99 | 331.00 | 3,750.00 | |
| 50,000.00 - 59,999.99 | 362.00 | 4,000.00 | |
| 60,000.00 - 69,999.99 | 394.00 | 4,250.00 | |
| 70,000.00 - 79,999.99 | 425.00 | 4,500.00 | |
| 80,000.00 - 89,999.99 | 457.00 | 4,750.00 | |
| 90,000.00 - 100,000.00 | 488.00 | 5,000.00 | |

HAVE YOU, Previous convictions for reckless and / or negligent driving. Yes NoHAVE YOU, Previous convictions for driving under the influence of alcohol. Yes NoHAS, another insurance company cancelled your insurance or refused your insurance application. Yes NoI 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 Is there existing damage on the insured vehicle?: Yes No (If yes, full details including photos are required)

Member signature: _____ Date: _____

First deduction date: _____ Agent's code: _____

Extension: _____ Time: _____

FOR INTERNAL USE ONLY**DOCUMENTS ATTACHED: VERIFIED/CERTIFIED:**

- ID Main member
- ID Payer
- Driving Licence
- Certificate of Registration (in respect of motor vehicle)
- Bank Statement
- Payslip
- Non Namibian
- Domicile
- Work Permit
- Permanent Residence

FOR INTERNAL USE ONLY

Yes No

- Admin fee
- Written off
- Conversion

Date: _____

COMMENTS (INTERNAL)

TRUSTCO INSURANCE LIMITED

REGISTRATION NUMBER 99/208

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DIRECTORS: TOM NEWTON*, STANLEY SIMILO*, RENIER J. TALJAARD*, QUINTON Z. VAN ROOYEN, ANNETTE BRAND

COMPANY SECRETARY: KOMADA HOLDINGS (PTY) LTD

*INDEPENDENT NON-EXECUTIVE DIRECTOR