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REGISTRATION INFORMATION ON MOD GROUP SCHEME POLICY

FORCE NO.

For Official use only
Policy NO.

Instructions.

1. Complete in block (capital) letters.
2. Cross with an (X) where applicable
3. Complete in English only

1. Required documents:

Please submit all the documents listed below;

- 1.1 Certified copies of Namibian ID and valid passport of the principal life assured (member of defence).
- 1.2 Certified copies of Birth certificate of children under the age of 18.
- 1.3 Pay slip of principal Life assured (not older than 3 months).
- 1.4 Certified copy of marriage certificate(if applicable).

2. PRINCIPAL LIFE ASSURED MEMBER OF NDF

Are you a Premium Payer? yes no

Name of institution: _____

Title: _____ Surname: _____

Maiden Name or former Surname: _____

First Names: _____

Gender: Male Female Marital status: single Married Widowed

Divorced

ID number:

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Nationality: _____

Home Language: _____

Postal Address: _____

Residential Address: _____

Telephone (H): _____ Fax: _____

Telephone (W): _____ Email: _____

Cell number: _____

Contact Person: _____

Current occupation/position: _____

Current Employer: _____

Name of Military Base: _____

2.1 BANKING DETAILS OF PRINCIPAL ASSURED MEMBER OF NDF.

Name of the Bank:
Name of the Account Holder:
Account No:
Bank Code:

3. SPOUSE AND DEPENDANTS

1. The member spouse.

2. A dependant is a person in respect of whom the member is legally liable for maintenance.

1.

Surname	
First name	
Date of birth	
Relationship to principal life assured	
Postal address	
Telephone (H)	
Telephone (W)	

2.

Surname	
First name	
Date of birth	
Relationship to principal life assured	
Postal address	
Telephone (H)	
Telephone (W)	

3.

Surname	
First name	
Date of birth	
Relationship to principal life assured	
Postal address	
Telephone (H)	
Telephone (W)	

4.

Surname	
First name	
Date of birth	
Relationship to principal life assured	
Postal address	
Telephone (H)	
Telephone (W)	

5.

Surname	
First name	
Date of birth	
Relationship to principal life assured	
Postal address	
Telephone (H)	
Telephone (W)	

6.

Surname	
First name	
Date of birth	
Relationship to principal life assured	
Postal address	
Telephone (H)	
Telephone (W)	

7.

Surname	
First name	
Date of birth	
Relationship to principal life assured	
Postal address	
Telephone (H)	
Telephone (W)	

8.

Surname	
First name	
Date of birth	
Relationship to principal life assured	
Postal address	
Telephone (H)	
Telephone (W)	

4. BENEFICIARIES

This is the person or persons that will receive your death benefits.

1.

Surname		Benefit(%) percentage
First name		
Date of birth		
Relationship to principal life assured		
Postal address		
Telephone (H)		
Telephone (W)		

2.

Surname		Benefit(%) percentage
First name		
Date of birth		
Relationship to principal life assured		
Postal address		
Telephone (H)		
Telephone (W)		

3.

Surname		Benefit (%) percentage
First name		
Date of birth		
Relationship to principal life assured		
Postal address		
Telephone (H)		
Telephone (W)		

4.

Surname		Benefit (%) percentage
First name		
Date of birth		
Relationship to principal life assured		
Postal address		
Telephone (H)		
Telephone (W)		

5.

Surname		Benefit (%) percentage
First name		
Date of birth		
Relationship to principal life assured		
Postal address		
Telephone (H)		
Telephone (W)		

5. POLICY DETAILS

5.1 Benefits on the Insured Lives.

Description:

Death

Disability

6. PRINCIPAL LIFE ASSURED DECLARATION

I warrant that the information in this application form and in all documents submitted to Namforce Life Insurance in connection with it, whether in my handwriting or not, is true, correct and complete and will form the basis of the proposed contract.

In the knowledge that I am curtailing my right of privacy, but to facilitate the assessment of the risk and the consideration of any claims for the benefits under a policy related to this or any other application for insurance made by me or in respect of me as an insured life, I authorise Namforce Life Insurance Limited to;

- a) Obtain from any person, whom I/we hereby so authorise and request to give, any information which Namforce Life Insurance Limited deems necessary, and lawfully authorised to get.
- b) To share with other insurers that information and any other information contained in this application or in any related policy or other document, either directly or through a data base operated by or for insurers as a group, at any time (even after my death) and in such detailed, abbreviated or coded form as many as may from time to time be decided by Namforce Life Insurance or by the operators of any data base, in accordance with the law.

.....
Signature of Principal Assured (member of NDF)

.....
Date