



UNDERWRITTEN BY TRUSTCO LIFE LIMITED

APPLICATION FORM

elite save premium save

JULY 2022

PARTICULARS OF APPLICANT

Title: _____ Surname: _____ Maiden Name: _____

Full Name (s): _____ DOB/ID No.: [grid]

Passport No.: [grid]

Gender: _____ Nationality: _____ Marital Status: [] Single [] Married [] Widowed [] Divorced

Cell: _____ Email: _____

Occupation: _____ Telephone: (W) _____ (H) _____

Physical Address: _____

Postal Address: _____ Political Exposed Person: [] Yes [] No

Method of Payment: [] DO [] SO [] EFT Designation: _____

PAYER [] If the person responsible for the payment is the Insured. Related to a Political Exposed Person: [] Yes [] No

Source of Funds: _____ Relationship: _____

PAYER Details (If the person responsible for payment is NOT the insured)

Relationship: _____ Surname: _____ Full Names: _____

DOB/ID No.: [grid] Email: _____

Physical Address: _____

Telephone number: (W) _____ (H) _____ Cell: _____

Employer: _____ Occupation: _____

Signature: _____ Source of income: _____

OPTIONS **elite save**

Lump sum N\$50 000 (min)

N\$ _____ p/m *Once off*

Recurring N\$2 500 (min)

N\$ _____ p/m

 premium save

Lump sum N\$50 000 (min)

N\$ _____ p/m *Once off*

Recurring N\$2 500 (min)

N\$ _____ p/m

Term: 12 Months 24 Months 36 Months
 48 Months 60 Months

Interest: Monthly Quarterly Annually Maturity date

Date: _____ Member signature: _____ 1st Deduction date: _____

Agents Code: _____

REFER A FRIEND

1. Name: _____ Surname: _____ Contact Details: _____

2. Name: _____ Surname: _____ Contact Details: _____

How do you prefer your contract and schedule: Email Collect Post

Do you want a membership card? Yes No

FOR INTERNAL USE ONLY:

(Certified copy/verified copy)

Bank Statement Non-Namibian Permanent Residency ID Number ID Payee Pay Slip Birth Certificate Marriage Certificate Domicile Work Permit