

APPLICABLE POLICY SECTION

1. FIRE: (UNINSURED) (value of property) N\$

.....

2. BUILDINGS COMBINED: BUSINESSES N\$

Erf No.:

Description:

.....

FARMING N\$

Farm name:

Farm No.: Dams: Pumps: Camps:

Other:

.....

3. OFFICE CONTENTS: N\$

Description:

.....

4. BUSINESS INTERRUPTION: N\$

Annual Turnover N\$

5. ACCOUNTING RECORDS: N\$

Annual Turnover N\$

6. THEFT: (UNINSURED) N\$

Description:

.....

7. MONEY: N\$

Cover N\$

8. GLASS: N\$

(Replacement values of glass and sign writing) N\$

9. FIDELITY: N\$

(Loss occurred due to fraud or dishonesty) N\$

10. GOODS IN TRANSIT: N\$

Description:

.....

11. BUSINESS ALL RISKS: N\$

Loss/Damage to property:

.....

12. ACCIDENTAL DAMAGE: N\$

Loss/Damage to property:

.....

13. PUBLIC LIABILITY: (claims made basis) N\$

Animals on public roads?

14. PUBLIC LIABILITY: (occurrence basis) N\$

Due to accidental death/injury/illness

15. EMPLOYERS LIABILITY: N\$

Employees:

Gross weekly wages N\$

.....

16. STATED BENEFITS: N\$

Injury caused by accident or violence

APPLICABLE POLICY SECTION

17. GROUP PERSONAL ACCIDENT: Injury caused by accident or violence N\$

18. MOTOR: (UNINSURED) N\$

MAKE MODEL REG. No.

19. COMPUTER: (UNINSURED) N\$

Description:

20. MOTOR TRADERS INTERNAL: (if applicable) N\$

21. MOTOR TRADERS EXTERNAL: (if applicable) N\$

22. HOUSE OWNERS: (if applicable) N\$

23. HOUSEHOLDERS: (if applicable) N\$

24. PERSONAL ALL RISKS: N\$

Specified article:

25. BLOODSTOCK: (Farming Stud) N\$

Insured property:

UNINSURED PROPERTY N\$

26. NATURAL DISASTERS: (UNINSURED) N\$

LIVESTOCK BREED QUANTITY
 Cattle
 Sheep/Goats
 Horses
 Other

27. PROFESSIONAL INDEMNITY: N\$

Companies / CC under control of insured

28. CREDIT INSURANCE: N\$

Annual Turnover N\$

29. DIRECTORS' & OFFICERS' LIABILITY: N\$

NAMES OF DIRECTORS

30. INCOME PROTECTION: N\$

Annual Turnover N\$

TOTAL N\$:

The Policy Holder confirms that this analysis of insured Perils is a true reflection of the estimated value of indemnity cover required from the Insurer and the type of Perils to be insured. The Policy Holder is aware of the effect of a lack of insurance cover ("under insurance") and multiple indemnities for the same Peril ("over insurance").

Client Signature:

RISK MATRIX		
	LOW (N\$)	HIGH (N\$)
CATASTROPHIC
MAJOR
MODERATE
MINOR
INSIGNIFICANT

NOMINATION OF BENEFICIARY

I, ID No.:
 (full name)

Hereby nominate as my beneficiaries in the event of my death the undermentioned persons, and authorize Corporate Guarantee and Insurance Company of Namibia Limited ("Corporate Guarantee") to pay to such nominees any amounts which may become payable in the event of my death in respect of:

My accrued benefits under Corporate Guarantee Policy No.:

THE USE OF THIS FORM IS SUBJECT TO THE CONDITIONS SET OUT UNDERNEATH

FULL NAMES OF BENEFICIARIES	DATE OF BIRTH / REG. No.	CONTACT NUMBER & ADDRESS	PERCENTAGE OF AGGREGATE BENEFIT

I reserve to myself the right to change or cancel this nomination, in writing, at any time and I agree that any nomination or cancellations of a nomination shall only be valid after it has been acknowledged by Corporate Guarantee Limited as having been entered in its records.

SIGNED AT THIS DAY OF 20

POLICY HOLDER'S SIGNATURE WITNESS

- NOTE:**
1. If more than one beneficiary is nominated, the percentage of the total cash value of the benefit to be paid to each should be indicated.
 2. Additional forms may be obtained on request.
 3. Alterations or deletions must be signed by the policy holder and the witness.

The completed form must be returned to: Corporate Guarantee
 PO Box 416
 Windhoek
 Alternatively delivered to 1st floor, Corporate House, 17 Lüderitz Street, Windhoek.

Receipt of the form will be acknowledged by Corporate Guarantee. *If you do not receive our confirmation of receipt with 21 days after posting or delivery, you must please submit a new form to ensure that your nomination is noted.*

PAYMENT OF BENEFITS TO A POLICY HOLDER

In view of the experience account value of your policy which becomes payable in the event of your death, it is vital to make suitable provision for the proper disposition of your benefits, in accordance with your wishes.

WHO MAY BE PAID

In terms of the policy terms, Corporate Guarantee has to pay any benefits to the nominee(s) designated by the Policyholder.

NOMINEE MAY BE DESIGNATED

You may nominate any person, including a Trust, as a beneficiary to whom payment should be made. Such payment falls outside the administration of your Estate and may be made directly to a nominated beneficiary within 30 (thirty) days after Corporate Guarantee has received a certified Death Certificate and other documents which we may require in our discretion to validate the identity of the beneficiary.

If there are no beneficiaries nominated on a nomination form on record with Corporate Guarantee, payment will be made to your Estate.

ESTATE

Please note that the benefit, if paid to your Estate, will be administered and distributed by your Executor in accordance with your Last Will and Testament, or the Rules of Intestate Succession if you do not have a valid Will.

GENERAL

To ensure validity of your nomination form, please ensure that the form is:

1. Dated
2. Signed
3. Witnessed
4. Receipt acknowledged by Corporate Guarantee



SOURCE AND PURPOSE OF FUNDS DECLARATION
(For individuals)

*This document has been created to serve as a declaration of the primary source of funds.
It is to be completed by the client.*

Date

Client's full name(s) and surname

Identification/Passport number Account description (Product)

Frequency of funds received Weekly Monthly Annually Other (specify)

Name of employer/Business/Source

Industry sector (if applicable) Registration number (if applicable)

INDIVIDUAL – DETERMINED FUNDS		
<input type="checkbox"/> Salary earner	Position Amount N\$ Additional fund source (if applicable) Amount (if applicable) N\$	This section is to be completed by an individual who receives a determined amount of funds. The individual and employer are contractually bound. The contract does not contain a specified termination date.
<input type="checkbox"/> Self-employed	Nature of business activity General source of funds: <input type="checkbox"/> Contracts <input type="checkbox"/> Retail <input type="checkbox"/> Import <input type="checkbox"/> Export <input type="checkbox"/> Rent <input type="checkbox"/> Other (specify) Expected monthly turnover N\$ Additional fund source (if applicable) Amount (if applicable) N\$	This section is to be completed by an individual in the event that funds received are self-generated.
<input type="checkbox"/> Director of own small business or unlisted company OR <input type="checkbox"/> Director of a listed company	Type of fund: <input type="checkbox"/> Salary <input type="checkbox"/> Dividends/Profit share <input type="checkbox"/> Interest on loans <input type="checkbox"/> Bonuses <input type="checkbox"/> Other (specify) Amount N\$ Additional fund source (if applicable) Amount (if applicable) N\$	This section is to be completed by an individual who acts as a director of all forms of unlisted companies or for a listed company. All funds received must be clearly stated.
<input type="checkbox"/> Pension	Name of pension fund Member pension number First payment date (ddmmYYYY) Payment type: <input type="checkbox"/> Annuity <input type="checkbox"/> Once-off payment <input type="checkbox"/> Interest Amount N\$ Additional fund source (if applicable) Amount (if applicable) N\$	This section is to be completed by an individual who obtains funds from a pension fund.
<input type="checkbox"/> Maintenance	Name of depositor Maintenance order number Amount N\$ Additional fund source (if applicable) Amount (if applicable) N\$	This section is to be completed by an individual who receives funds due to a maintenance order.

<input type="checkbox"/> Court order	Name of depositor Nature of fund Amount N\$ Additional fund source (if applicable) Amount (if applicable) N\$	This section is to be completed by an individual who receives funds due to a court order. The nature of the funds must be clearly stated.
<input type="checkbox"/> Other source of funds	Fund source Nature of fund Amount N\$ Additional fund source (if applicable) Percentage (if applicable) Amount (if applicable) N\$	This section is to be completed by all entities for instances not catered for in this document.
INDIVIDUAL – VARIABLE FUNDS		
<input type="checkbox"/> Commission fund account	Specify type of commission Estimated amount N\$ Additional fund source (if applicable) Amount (if applicable) N\$	This section is to be completed by an individual who receives funds based on performance.
<input type="checkbox"/> Member of close corporation	Member interest (%) Type of fund: <input type="checkbox"/> Salary <input type="checkbox"/> Profit share <input type="checkbox"/> Interest of loans <input type="checkbox"/> Bonuses <input type="checkbox"/> Other (specify) Amount N\$ Additional fund source (if applicable) Amount (if applicable) N\$	This section is to be completed by an individual who forms part of the membership and thus has an interest in a close corporation. All funds received from the entity must be clearly stated.

DECLARATION BY CLIENT

I, (full names),
 Identification/
 Passport number, hereby confirm that the information supplied as at date of this document is correct.

Signature Date (ddmmyyyy)