

# Application Form

## PARTICULARS OF APPLICANT

Surname: \_\_\_\_\_  
 First name/s: \_\_\_\_\_  
 Title: Mr/Mrs/Ms/Dr/Prof: \_\_\_\_\_  
 Postal address: \_\_\_\_\_  
 Town: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work No.: \_\_\_\_\_  
 Home: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Next of kin's cell: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 ID No.: 

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If the person responsible for the payment is the Insured.

If the person responsible for the payment is NOT the Insured. Relationship: \_\_\_\_\_

I wish to pay the above option by Debt Order on my bank account on the \_\_\_\_\_ of every month.

Name: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 Tel:(w) \_\_\_\_\_ (h) \_\_\_\_\_ (cell) \_\_\_\_\_  
 Name of Bank: \_\_\_\_\_ Branch Name: \_\_\_\_\_  
 Acc. Number: \_\_\_\_\_ Acc. Type: \_\_\_\_\_

I wish to pay the above option by Salary Stop Order every month. Please arrange this with my employer.

Employer: \_\_\_\_\_  
 Salary number: \_\_\_\_\_  
 Salary: \_\_\_\_\_  
 Pay point: \_\_\_\_\_  
 First deduction date: \_\_\_\_\_

## PARTICULARS OF INSURED

Main Insured's Name: \_\_\_\_\_  
 ID or Date of Birth: \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_  
 ID or Date of Birth: \_\_\_\_\_  
 Child's Name: 1) \_\_\_\_\_  
 ID or Date of Birth: \_\_\_\_\_  
 Child's Name: 2) \_\_\_\_\_  
 ID or Date of Birth: \_\_\_\_\_  
 Child's Name: 3) \_\_\_\_\_  
 ID or Date of Birth: \_\_\_\_\_  
 Child's Name: 4) \_\_\_\_\_  
 ID or Date of Birth: \_\_\_\_\_  
 Child's Name: 5) \_\_\_\_\_  
 ID or Date of Birth: \_\_\_\_\_

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 any to the above questions, full details must be attached.

## I hereby nominate the following beneficiaries for purposes of the Free Funeral Benefit.

<b>Legal Shield</b>	Name: _____ Surname: _____ ID: _____
<b>Silver Shield</b>	Name: _____ Surname: _____ ID: _____
<b>Medi Shield</b>	Name: _____ Surname: _____ ID: _____
<b>Medi Shield Plus</b>	Name: _____ Surname: _____ ID: _____
<b>Salary Shield</b>	Name: _____ Surname: _____ ID: _____

### Please indicate your choice:

		D/O	S/O
<input type="checkbox"/> <b>Legal Shield</b>	N\$ 150 000 cover	<input type="checkbox"/>	<input type="checkbox"/> N\$149
	N\$ 160 000 cover	<input type="checkbox"/>	<input type="checkbox"/> N\$167
	N\$ 170 000 cover	<input type="checkbox"/>	<input type="checkbox"/> N\$185
	N\$ 180 000 cover	<input type="checkbox"/>	<input type="checkbox"/> N\$203
	N\$ 190 000 cover	<input type="checkbox"/>	<input type="checkbox"/> N\$221
	N\$ 200 000 cover	<input type="checkbox"/>	<input type="checkbox"/> N\$239

### How do you prefer to obtain your card, contract & schedule:

Mail to me   
 I shall collect it from the office   
 I shall collect it from the Mobile Office

<input type="checkbox"/> <b>Legal Shield Silver</b> <input type="checkbox"/> N\$ 65 <input type="checkbox"/> N\$ 62	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%; text-align: center;"><b>D/O</b></td> <td style="width:15%;"></td> <td style="width:15%; text-align: center;"><b>S/O</b></td> </tr> <tr> <td><input type="checkbox"/> <b>Salary Shield Single HIV Included</b></td> <td><input type="checkbox"/> Age 1-25</td> <td><input type="checkbox"/> N\$174</td> <td><input type="checkbox"/> N\$174</td> <td><input type="checkbox"/> N\$165</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Age 26-35</td> <td><input type="checkbox"/> N\$340</td> <td><input type="checkbox"/> N\$340</td> <td><input type="checkbox"/> N\$325</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Age 36-45</td> <td><input type="checkbox"/> N\$351</td> <td><input type="checkbox"/> N\$351</td> <td><input type="checkbox"/> N\$334</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Age 46-55</td> <td><input type="checkbox"/> N\$409</td> <td><input type="checkbox"/> N\$409</td> <td><input type="checkbox"/> N\$389</td> </tr> <tr> <td><input type="checkbox"/> <b>Salary Shield Family HIV Excluded</b></td> <td><input type="checkbox"/> Age 1-35</td> <td><input type="checkbox"/> N\$208</td> <td><input type="checkbox"/> N\$208</td> <td><input type="checkbox"/> N\$197</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Age 36-45</td> <td><input type="checkbox"/> N\$303</td> <td><input type="checkbox"/> N\$303</td> <td><input type="checkbox"/> N\$288</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Age 46-55</td> <td><input type="checkbox"/> N\$360</td> <td><input type="checkbox"/> N\$360</td> <td><input type="checkbox"/> N\$342</td> </tr> <tr> <td><input type="checkbox"/> <b>Salary Shield Family HIV Included</b></td> <td><input type="checkbox"/> Age 1-35</td> <td><input type="checkbox"/> N\$413</td> <td><input type="checkbox"/> N\$413</td> <td><input type="checkbox"/> N\$392</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Age 36-45</td> <td><input type="checkbox"/> N\$446</td> <td><input type="checkbox"/> N\$446</td> <td><input type="checkbox"/> N\$425</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Age 46-55</td> <td><input type="checkbox"/> N\$468</td> <td><input type="checkbox"/> N\$468</td> <td><input type="checkbox"/> N\$446</td> </tr> </table>			<b>D/O</b>		<b>S/O</b>	<input type="checkbox"/> <b>Salary Shield Single HIV Included</b>	<input type="checkbox"/> Age 1-25	<input type="checkbox"/> N\$174	<input type="checkbox"/> N\$174	<input type="checkbox"/> N\$165		<input type="checkbox"/> Age 26-35	<input type="checkbox"/> N\$340	<input type="checkbox"/> N\$340	<input type="checkbox"/> N\$325		<input type="checkbox"/> Age 36-45	<input type="checkbox"/> N\$351	<input type="checkbox"/> N\$351	<input type="checkbox"/> N\$334		<input type="checkbox"/> Age 46-55	<input type="checkbox"/> N\$409	<input type="checkbox"/> N\$409	<input type="checkbox"/> N\$389	<input type="checkbox"/> <b>Salary Shield Family HIV Excluded</b>	<input type="checkbox"/> Age 1-35	<input type="checkbox"/> N\$208	<input type="checkbox"/> N\$208	<input type="checkbox"/> N\$197		<input type="checkbox"/> Age 36-45	<input type="checkbox"/> N\$303	<input type="checkbox"/> N\$303	<input type="checkbox"/> N\$288		<input type="checkbox"/> Age 46-55	<input type="checkbox"/> N\$360	<input type="checkbox"/> N\$360	<input type="checkbox"/> N\$342	<input type="checkbox"/> <b>Salary Shield Family HIV Included</b>	<input type="checkbox"/> Age 1-35	<input type="checkbox"/> N\$413	<input type="checkbox"/> N\$413	<input type="checkbox"/> N\$392		<input type="checkbox"/> Age 36-45	<input type="checkbox"/> N\$446	<input type="checkbox"/> N\$446	<input type="checkbox"/> N\$425		<input type="checkbox"/> Age 46-55	<input type="checkbox"/> N\$468	<input type="checkbox"/> N\$468	<input type="checkbox"/> N\$446
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I hereby certify that the particulars given above are true and correct, and understand that this application is subject to Legal Shield Namibia standard terms and conditions, as amended from time to time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ First deduction date:

Your Legal Shield number:  Agent's code:

