



### Details of applicant

Surname/Name of Company/Close Corporation/Partnership: \_\_\_\_\_  
 Business address: \_\_\_\_\_  
 Postal address: \_\_\_\_\_  
 Tel no.: \_\_\_\_\_  
 Fax no.: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Core business of applicant: \_\_\_\_\_  
 ID no./Reg no./Close Corporation no.: \_\_\_\_\_  
 VAT registration no.: \_\_\_\_\_  
 Number of employees: \_\_\_\_\_  
 Monthly gross income: \_\_\_\_\_  
 Source of income: \_\_\_\_\_

Premiums	
Free Funeral Policy for all employees included	
Employees	
1 – 5	N\$ 449.00
6 – 10	N\$ 899.00
11 – 15	N\$ 1,221.00
16 – 20	N\$ 1,628.00
21 – 30	N\$ 2,089.00
31 – 40	N\$ 2,582.00
41 – 60	N\$ 3,872.00
61 – 80	N\$ 4,490.00
81 – 100	N\$ 4,772.00
VAT inclusive	

### Names and particulars of Directors/Partners/Members/Sole Proprietor

Name & surname: \_\_\_\_\_ ID: \_\_\_\_\_  
 Name & surname: \_\_\_\_\_ ID: \_\_\_\_\_  
 Name & surname: \_\_\_\_\_ ID: \_\_\_\_\_

### Banking / payment details of business

Financial institution: \_\_\_\_\_  
 Account held in name of: \_\_\_\_\_  
 Type of account: Current: \_\_\_\_\_ Savings: \_\_\_\_\_ Other (specify): \_\_\_\_\_  
 Bank account no.: \_\_\_\_\_ Branch no.: \_\_\_\_\_  
 How are monthly instalments to be paid: \_\_\_\_\_ Debit order: \_\_\_\_\_ Other (specify): \_\_\_\_\_  
 Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_  
 First deduction date: \_\_\_\_\_ (This will be effective date of the policy)

### Please specify & submit details of users that will have authorised access to the Business Shield database (Access will be granted with username and password on the effective date)

Name & surname: \_\_\_\_\_ Job title: \_\_\_\_\_  
 Name & surname: \_\_\_\_\_ Job title: \_\_\_\_\_  
 Name & surname: \_\_\_\_\_ Job title: \_\_\_\_\_

**Kindly submit details of all employees on reverse side of this document.**

### Documents to accompany this application:

1. ID document of applicant in case of Sole Proprietor or Partnership
2. Resolution in case of Company or Close Corporation
3. Certificate of Incorporation in case of Company or Close Corporation

### Do you need any immediate assistance?

If any, what is it? \_\_\_\_\_

I, hereby, certify that the particulars given above are true and correct and understand that the application is subject to Trustco Insurance Ltd. standard terms and conditions as amended from time to time.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 Capacity: \_\_\_\_\_  
 Your membership no.: \_\_\_\_\_ First deduction date: \_\_\_\_\_ Agent's code: \_\_\_\_\_

## List of Employees

	Surname	Name	Job Title	ID/Passport No.	Cell No.	Date Employed	Beneficiary	Beneficiary ID
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**Documents Attached For Internal Use Only**

- ID Main member
- ID Payee
- ID Beneficiary/Dependant's
- Birth Certificate

When finish filling in form and you details are correct, click the submit button.

