

### APPLICATION FORM FOR CHANGE OF NAME AS A LONG-TERM/SHORT-TERM INSURANCE/REINSURANCE BROKER

#### LONG-TERM INSURANCE ACT (NO. 5 OF 1998) SHORT-TERM INSURANCE ACT (NO. 4 OF 1998)

I/We, the undersigned, do hereby apply to change the registered name in terms of section 18 of the Long-term Act No. 5 of 1998 / Short-term Insurance Act No. 4 of 1998.

### 1. DETAILS OF BROKER COMPANY

Name to be changed to:	
Company Registration Number:	······

## 2. CONTACT DETAILS

Physical Address:
Postal Address:
Tel.:
Fax No:

### 3. DIRECTORS OF THE BROKER COMPANY

Names, Nationality and Country of Residence:

# 4. SHAREHOLDING STRUCTURE OF BROKER COMPANY

Shareholders' name & proportion.

- P. O. Box 21250 Windhoek NAMIBIA 154 Independence Avenue 1st Floor, Sanlam Centre
  - Tel: (+264 61) 290 5000 Fax (+264 61) 256303 E-mail: licensing@namfisa.com.na

5.	BANKING DETAILS OF THE BROKER COMPANY Bank Name Branch Name Branch Code Account Number Account Type
6.	AUDITOR OR ACCOUNTANT OF BROKER COMPANY IN NAMIBIA
	Full Name: Physical Address: Telephone No Facsimile No:
7.	PERIOD OF FINANCIAL YEAR:
8.	DETAILS OF PRINCIPAL OFFICER
	First Names: Surname:
	Employment History Current Employer: Date of employment:
	Previous Employer: Period of employment:
	<b>Educational Qualifications</b> Highest qualifications: Further training attended:

# 9. ATTACHMENTS

	i.	Registration fee N\$ 100.00	
	ii.	Memorandum and Articles of Association or Founding Statement	
	iii.	List of Directors or Members	
	iv.	Certified copies of Directors or Members' ID/Passport/Birth Certificates	
	v.	Certified copies of Share Certificates	
	vi.	Valid Professional Indemnity Cover of not less than N\$ 1 000 000	
	vii.	Valid Membership to the Broker Controlling Body (NIBA or AIM)	
	viii.	If registered with Namfisa, proof of payment for annual levy payment	
Principal Officer's			
		rincipal Officer's	
		Abridged or shortened CV	
		Abridged or shortened CV	
	ix.	Abridged or shortened CV Certified copies of Highest Educational Qualifications	
	ix. x. xi.	Abridged or shortened CV Certified copies of Highest Educational Qualifications Sworn Affidavit and Fit & Proper Questionnaire signed in-front of	

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#### **10. PRINCIPAL OFFICER'S DECLARATION:**

I hereby warrant that I have not been convicted by any court of any offence involving dishonesty, or of an offence in terms of the Long-term Insurance Act 5 of 1998 or the Short-term Insurance Act 4 of 1998, for which I was imprisoned or fined.

By signing the document I guarantee that

- a. long-term and/or short-term insurance business will be conducted in Namibia in compliance with the Long-term Insurance Act (No. 5 of 1998)
  / Short-Term Insurance Act (No. 4 of 1998) and Long-term/Short-term Insurance Regulations of 1998 and;
- b. will adhere to the requirements & conditions stated in this application form.
- c. All the above information is true and accurate and can be relied on and that I will disclose all necessary material information that may be required by the Registrar. Where such information completed in this document, is incorrect given or partially disclosed to the Registrar, I accept that the license issued to me will be withdrawn with immediate effect.

Full Name:	
Signature:	
Date:	
Place:	