

PLEASE COMPLETE THIS FORM USING BLOCK LETTERS AND TICK (✓) WHERE APPROPRIATE.

**SECTION A GENERAL RULES****(i) Who must be identified:****(a) Contracting Party/ies;****(b) Premium Payer;****(c) Authorised Signatories** (Persons acting on behalf of the client or claims to be authorised to act on behalf of the client, both the client and the person acting on behalf of the client must be identified and verified)

Examples of person associated with entities of whom identification documentation must be obtained:

**CLOSE CORPORATIONS AND COMPANIES**

- Ownership and Control Structure, including the Principal Owner; Executive Manager; CEO and Directors of a Company; Each Member of a Close Corporation; Beneficial Owner (Each natural person holding 25% or more voting rights at an AGM or acting on behalf of such holder of such voting rights); Authorised Signatories.

**INDIVIDUALS**

- Spouse  
- Authorised Signatories

**PARTNERSHIPS**

- For each partner, including silent partners and partners en commandite  
- Authorised Signatories

**TRUSTS**

- Each Trustee  
- The founder of the Trust

**ASSOCIATION OR OTHER LEGAL ENTITIES**

- Authorised Signatories

**(ii) Verification of documents:** a copy of the original document is verified by an authorised person to have viewed the original document**(iii) Certification of documents:** A copy of the original document certified to be a true copy by a Commissioner of Oaths or Public Notary in accordance with the provisions of the Justices of the Peace and Commissioners of Oaths Act, 1963 (Act No. 16 of 1963) where the original is not available as required by (ii) aboveNew client  Existing client  Policy/Proposal/Investor number Full name(s) of proposer/client **I have verified the information herein against the documentation received**Name of Adviser/Support Staff/Broker Adviser/Support Staff/Broker's Code Signature Date 

Note: This form must be signed by the Old Mutual Intermediary/support staff who identified and verified the applicable party(ies).

**In the event of a suspicious or unusual transaction, and you are:**

- An Old Mutual Namibia agent/staff member, you must report it to the Old Mutual Namibia Corporate Governance Department (Nam-aml@oldmutual.com).  
- A broker, you must report it to your brokerage or the Financial Intelligence Centre. In such a case you must inform Old Mutual Namibia Corporate Governance Department (nam-aml@oldmutual.com).

**SECTION B NATURAL PERSON**

**Duplicate and complete this page for each applicable party (e.g. client, premium payer and person acting on behalf of the aforementioned.)**

Please indicate the number of applicable parties in the area provided: Total Number of parties

Please number the applicable parties for control purposes.  
 (e.g. if there are 10 parties and this page presents the information for the 1st party: 1 of 10):  of

**INFORMATION OF APPLICABLE PARTY**

Capacity of the applicable party (please tick the appropriate box):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Partner in Partnership  | <input type="checkbox"/> Founder of Trust                               | <input type="checkbox"/> Person authorised to act on behalf of Close Corporation      |
| <input type="checkbox"/> Trust Beneficiary   | <input type="checkbox"/> Namibian citizen/resident acting on own behalf | <input type="checkbox"/> Representative of other Legal Entity                         |
| <input type="checkbox"/> Natural person who owns or effectively controls a CC/ Company/Trust, 25% or more voting rights/shares | <input type="checkbox"/> Foreign national acting on own behalf          | <input type="checkbox"/> Natural person acting on behalf of Namibian citizen/resident |
| <input type="checkbox"/> Director of Company   | <input type="checkbox"/> Trustee  | <input type="checkbox"/> Person acting on behalf of foreign national                  |
| <input type="checkbox"/> Person authorised to act on behalf of Company   | <input type="checkbox"/> Manager of Company                             | <input type="checkbox"/> Other capacity - please specify:<br><input type="text"/>     |
|  | <input type="checkbox"/> Close Corporation Member                       |   |

Title  Surname

First name(s)

Previous names (if applicable)

Nationality

Are you a US citizen or a tax resident of the United States of America? Yes  No

if yes, please complete the **W9** of the American Internal Revenue Service ([www.irs.gov/w9](http://www.irs.gov/w9))

Tax Identification Number (TIN)

Identity number  Date of birth

Passport number  Expiry date of passport

Trade name

Residential address

Occupation and Source of income (mandatory)

Additional source of income

Source of funds for this policy (mandatory)

Telephone number (Home)  (Work)  Cellphone

Email (Work)

Email (Home)

**Documents other than identity document only acceptable if identity document is not available.**

Document must be valid, reflect the party's full names or initials and surname, identity number and date of birth - all documents except birth certificate to contain verifiable photo of person.

**Please attach original certified copies of documentation used for authorisation:**

- Power of Attorney: Resolution duly executed by authorised signature
- Mandate: Letters of executorships/authority from Master of high Court
- Court Order: Letter of Authority for acting on behalf of Natural Person/Partnership/Close Corporation/Company/Legal Entity

**SECTION C DECLARATION ON PROMINENT INFLUENTIAL PERSON (PIP)**

Duplicate and complete this page for each applicable party (e.g. each natural person, all identified beneficial owners and person acting on behalf of the aforementioned.)

**INFORMATION OF APPLICABLE PARTY**

Capacity of the applicable party (please tick the appropriate box):

- Heads of state, heads of government, ministers and deputy ministers, assistant ministers, senior politicians and senior government officials
- Members of parliament or similar legislative bodies.
- Significant or important political party officials.
- Members of local authority councils and members of regional councils.
- Senior management, executives and board members of public-owned enterprises.
- Judicial officers, such as judges and magistrates.
- Ambassadors and high-ranking officers in the armed forces.
- Members of the administrative, management or supervisory bodies of public-owned enterprises.
- Traditional leaders as defined in Section 1 of the Traditional Authorities Act, 2000 (Act No. 25 of 2000).
- Religious leaders.
- Senior executives of international organisations operating in Namibia

1. Are you currently or have you previously been appointed in a position of a PIP as outlined above? Yes  No

2. Are you a family member or closely associated with any PIP in accordance with the list above? Yes  No

(**Family Member**, when used in relation to a prominent influential person, means an individual who is related to the PIP, either directly or through marriage or other form of relationship or partnership including, but is not limited to:

- a. a spouse or partner of the PIP;
- b. a sibling, including a step-sibling of the PIP and sibling's spouse or partner;
- c. a child, step-child or adopted child of the PIP and the child's spouse or partner; and
- d. a parent, including a step-parent of the PIP

3. If yes, please specify the relationship:

**SECTION D PARTNERSHIP/COMPANY/FOREIGN COMPANY/CLOSE CORPORATION/OTHER LEGAL PERSON/TRUST**

If the Contracting Party (and Premium Payer if different from the Contracting Party) is a Company/Close Corporation/Legal Entity/other Legal Person/ Partnership/Trust or Association, the information on pages 3 to 5 must be provided.

**INFORMATION OF APPLICABLE PARTY**

Capacity of the applicable party (please tick the appropriate box):

- Namibian Close Corporation/Company
- Foreign Close Corporation/Company
- Other Legal Entity or Association
- Partnership
- Trust
- Other capacity (please specify)

Registered name

Trade name

Registration number (if applicable)  Country where registered

Are you a US citizen or a tax resident of the United States of America? Yes  No

if yes, please complete the **W9** of the American Internal Revenue Service ([www.irs.gov/w9](http://www.irs.gov/w9))

Registered address)

Business address (If different from Registered address)

Nature of business/ principal business activity

**IF A FOREIGN ENTITY**

Name under which company conducts business in the country where it is incorporated.

If the name under which it conducts business in Namibia is different than the abovementioned name; the name under which it is conducting business in Namibia.

**CONTACT DETAILS** (at least one number is compulsory)

Telephone number (Work)

Fax number

Email (Work)

Email (Home)

**PERSONS ASSOCIATED TO THE ENTITY** (please complete page 2 for each natural person and pages 3 to 5 for each legal entity identified below)

Please identify the Authorised Signatories and persons associated to the entity, including the ownership and control structure (as indicated on page 1) of a Close Corporation or Company; the Partners in a Partnership; the Beneficial Owner, Trustees, Beneficiaries and Founder of a Trust..

Name	Capacity	Percentage Ownership (if applicable)

**SECTION E DECLARATION**

I declare that the above information supplied on this form is true and accurate to the best of my knowledge. I undertake to advise Old Mutual of any change that may occur at any time after this form is submitted.

Client full name

Signature

Date

**SECTION G PROTECTION OF PERSONAL INFORMATION DISCLOSURE**

The Old Mutual Group would like to offer you ongoing financial services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs. The Old Mutual Group may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches
- Verifying your identity
- Verifying and/or updating your personal information
- Claims checks (Industry Life and Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection (including anti-money laundering screening)
- Market research and statistical analysis
- Audit and record keeping purposes
- Compliance with legal and regulatory requirements
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You agree that Old Mutual may view, search and update your information.

You agree that your medical information and the answers to the Health and Lifestyle questionnaire may be shared with relevant third parties (including the adviser involved in this application). If, as a result of your health, a decision is taken to increase premiums, not to cover certain conditions or not to accept the application for cover, you agree to the reasons for this decision being shared with the adviser. You understand that if you do not agree this application for cover will not be processed.

You may access your personal information that we hold and may, under certain circumstances, also request us to correct any errors or to delete this information. In certain cases, you have the right to object to the processing of your personal information.

To view our full privacy notice and to exercise your preferences, please visit our website on:

**[www.oldmutual.com.na/about-old-mutual/how-we-do-business/legal/privacy-policy](http://www.oldmutual.com.na/about-old-mutual/how-we-do-business/legal/privacy-policy)**

## SECTION H PARTNERSHIP

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### Page 2 must be completed for:

- every partner of any partnership of whatever nature;
- each natural person who purports to be authorised to enter into a transaction with an accountable or reporting institution on behalf of the partner/partnership.

Documentation utilised for verification of legal existence of the Partnership (please tick the appropriate box):

Partnership Agreement, reflecting name of partnership

In the event a partner is a company, close corporation, other legal entity or a trust indicate what documentation was used for verification of such entity (please tick the appropriate box):

- Namibian Company documentation: Form CM1, CM22 - reflecting registered name, registration number, registered address, trade name, business address
- Namibian Close Corporation documentation: Form CC1, CC2 - reflecting registered name, registration number, registered address, trade name, business address
- Official Document issued by foreign country - reflecting registered name, registration number, registered address
- Constitution or Founding document, Trust Deed - reflecting name, number; non-Namibian trust official document from that country, reflecting name, address, legal form

## SECTION I COMPANIES (INCORPORATED INSIDE OR OUTSIDE NAMIBIA - APPLICABLE TO FOREIGN COMPANY)

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### Page 2 must be completed for:

- the Executive Manager or CEO
- each Director
- each person who purports to be authorised to contract on behalf of the company (Authorised Signatories)
- each natural person holding 25% or more of the voting rights at a general meeting of the Company (Beneficial Owner)

PLEASE ATTACH ORIGINAL CERTIFIED COPIES OF:

- Form CM 1, CM22, CM29 - reflecting registered name, registration number, registered address, trade name and business address.
- Official Document issued by foreign country - reflecting registered name, registration number and registered address.

## SECTION J FOREIGN COMPANY

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### Page 2 must be completed for:

- Manager irrespective of affairs in Namibia;
- Person authorised to contract on behalf of the Director/Partner of the company;
- Each natural person, partnership or trust holding 25% or more of the voting rights in the company.

Documentation utilised for verification of legal person (please tick the appropriate box):

Official documentation issued by foreign country for recording of incorporation reflecting name under which incorporated, number under which incorporated, address where situated, trade name in country of incorporation, address of operation in country of incorporation

In the event where a legal person, partnership or trust holding 25% or more of the voting rights in the company, indicate what documentation was used for verification of such entity (please tick the appropriate box):

- Namibian Company documentation: Form CM1, CM22 - reflecting registered name, registration number, registered address, trade name, business address
- Namibian Close Corporation documentation: Form CC1, CC2 - reflecting registered name, registration number, registered address, trade name, business address
- Official Document issued by foreign country - reflecting registered name, registration number, registered address
- Constitution or Founding document, Trust Deed - reflecting name, number; non-Namibian trust official document from that country, reflecting name, address, legal form.
- Partnership Agreement reflecting name of partnership

## SECTION K CLOSE CORPORATION

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### Page 2 must be completed for:

- each member of the Close Corporation and executive management of the Close Corporation
- each natural person purporting to be authorised to act on behalf of the Close Corporation

PLEASE ATTACH ORIGINAL CERTIFIED COPIES OF:

- Founding Statement (Form CC1) or amended founding statement (CC2) stamped by the registrar of Close Corporations and signed by an authorised member/employee reflecting registered name, registration number, registered address and trade name.
- Document issued by Namibian Receiver of Revenue containing Company's Income Tax/VAT registration number.

## SECTION L OTHER LEGAL ENTITY OR ASSOCIATION

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**Page 2 must be completed for each person purporting to be authorised to contract on behalf of the Legal Entity or association.**

PLEASE ATTACH ORIGINAL CERTIFIED COPIES OF:

- Constitution or founding document reflecting name of legal person, address of operation and legal form.
- Identification documents of all natural persons listed above
- Authorised Signatories

## SECTION M TRUST

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**Page 2 must be completed for:**

- each trustee of the trust
- each natural person purporting to be authorised to contract on behalf of the trust (e.g. in terms of resolution)
- each beneficiary of the trust referred to by name in trust deed/other founding document, or particulars of how the beneficiaries of the trust are determined
- founder of the trust

PLEASE ATTACH ORIGINAL CERTIFIED COPIES OF:

- Trust Deed/other founding document reflecting name and number of trust
- Identification documents of all natural persons listed above
- Registration Certificate

If you are unhappy with our service, please reach out to us [nam-cscomplaints@oldmutual.com](mailto:nam-cscomplaints@oldmutual.com)

If you are still not satisfied with the outcome of your complaint, please reach out to NAMFISA:

**Telephonically**      061 290 5134/061 290 5000  
**Online**                [www.namfisa.com.na](http://www.namfisa.com.na)  
**Email**                 [complaintsdept@namfisa.com.na](mailto:complaintsdept@namfisa.com.na)