STANBURY

APPLICATION FORM

FUNERAL *Shield*

OCTOBER 2025

PARTICULARS OF MAIN INSURED CIF Number: ☐☐☐☐☐☐☐☐☐☐ Policy Number: ☐☐☐☐☐☐☐☐☐☐☐

Title: _____ Surname: _____ Maiden Name: _____

Full Name (s): _____ DOB/ID No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐

Gender: Male ☐ Female ☐ Maritial Status: Single ☐ Married ☐ Widowed ☐ Divorced ☐

Nationality: Are you a Namibian citizen? ☐ Yes ☐ No If "No ☐ Domicle ☐ Work Permit ☐ Permanent Residence

Cell no: _____ Email: _____ Employer: _____

Occupation: _____ Telephone: (W) _____ (H) _____

Physical Address: _____

Postal Address: _____

Next kin's surname: _____ Full Name (s): _____

DOB/ID no: ☐☐☐☐☐☐☐☐☐☐☐☐☐ Cell: _____

Prominent Influential Person: ☐ Yes ☐ No

Designation: _____

Related to a Prominent Influential Person: ☐ Yes ☐ No

Relationship: _____

Method of Payment: ☐ Cash ☐ DO ☐ SO ☐ EFT **PAYER** ☐ If the person responsible for the payment is the Insured.

Source of income: _____

Gross individual monthly income: ☐ N$1 000 - N$5 000 ☐ N$5 000 - N$10 000 ☐ N$10 000 - above

PAYER Details *(If the person responsible for payment is NOT the insured)*

Relationship: _____ Surname: _____ Full Names: _____

DOB/ID No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐ Email: _____

Physical Address: _____

Telephone number: (W) _____ (H) _____ Cell: _____

Employer: _____ Occupation: _____

Signature: _____

Source of income: _____

Gross individual monthly income: ☐ N$1 000 - N$5 000 ☐ N$5 000 - N$10 000 ☐ N$10 000 - above

Bank Details *(If the method of payment is Debit Order)*

Account Holder Name & Surname: _____ Name of Bank: _____

Account Number: _____ Branch Code: _____ Account Type: _____

☐ I wish to pay the above option by Debit Order from my bank account on the _____ day of every month.

Salary Details *(If the method of payment is Salary Order)*

Employer: _____ Salary no: _____

HR Officer: _____ First deduction date: _____

I hereby nominate the following beneficiary:

Name: _____ Surname: _____

Cell: _____ E-mail: _____ DOB/ID no: ☐☐☐☐☐☐☐☐☐☐☐☐☐

Funeral Shield (Options)

	Debit Order	**Salary Order**
☐ Single HIV excluded	☐ N$76	☐ N$75
☐ Single HIV included	☐ N$130	☐ N$123
☐ Family HIV excluded	☐ N$181	☐ N$172
☐ Family HIV included	☐ N$261	☐ N$249
☐ Extra Funeral HIV excluded	☐ N$288	☐ N$276
☐ Extra Funeral HIV included	☐ N$391	☐ N$373

PARTICULARS OF INSURED

Spouse: _____ ID no./Date of birth: ☐☐☐☐☐☐☐☐☐☐☐☐☐

Children:

1) _____ DOB: _____

2) _____ DOB: _____

3) _____ DOB: _____

4) _____ DOB: _____

5) _____ DOB: _____

Extended family member: _____ Relationship: _____

ID no./Date of birth: ☐☐☐☐☐☐☐☐☐☐☐☐☐

PARTICULARS OF INSURED

PARENT (S)/PARENTS-IN-LAW

Name of Father: _____ DOB/ID no: | | | | | | | | | | | | | |

Under 65 N$53 ☐ 65 - 74 N$124 ☐ 74 - 85 N$237 ☐

Name of Mother: _____ DOB/ID no: | | | | | | | | | | | | | |

Under 65 N$53 ☐ 65 - 74 N$124 ☐ 74 - 85 N$237 ☐

Name of Father-in-Law: _____ DOB/ID no: | | | | | | | | | | | | | |

Under 65 N$53 ☐ 65 - 74 N$124 ☐ 74 - 85 N$237 ☐

Name of Mother-in-Law: _____ DOB/ID no: | | | | | | | | | | | | | |

Under 65 N$ 50 ☐ 65 - 74 N$124 ☐ 74 - 85 N$237 ☐

Are you, or any of the persons in the table (s) 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.

Security questions: (Will be confirmed on payout of (Nawa Bonus)

1. Name of the Primary School? _____
2. Name of first pet? _____
3. Favourite color? _____

How do you prefer to obtain your contract & schedule:

Mail ☐

To be collected from office ☐

If more than the permissible options were selected, Stanbury Life Ltd will accept the lowest option selected as the valid option. I hereby certify that the particulars given above are true and correct, and understand that this application is subject to Stanbury Life Ltd standard terms and conditions, as amended from time to time. ☐ Agree

Member signature: _____ Date: _____

Agent's code: _____ First deduction date: _____

Extension: _____ Time: _____

FOR INTERNAL USE ONLY DOCUMENTS ATTACHED:

	Verified/Certified						
ID Main Member	☐						
ID Payee	☐						
ID Beneficiary	☐						
Passport	☐						
Birth Certificates	☐						
Marriage Certificate	☐						
Bank Statement	☐						
Payslip	☐						
Non Namibian	☐	Permanent Residency	☐	Domicile	☐	Work Permit	☐

FOR INTERNAL USE ONLY

	Yes	No	
Admin fee	☐	☐	Date (if yes): _____
Written off	☐	☐	
Conversion	☐	☐	

COMMENTS (INTERNAL)