



Preferred Risk Dissolvers

# Policy Application Form

## CLIENT'S DETAILS

POLICY APPLICANT: \_\_\_\_\_

BUSINESS REGISTRATION NUMBER (if applicable): \_\_\_\_\_

|    |     |    |      |    |
|----|-----|----|------|----|
| MR | MRS | MS | PROF | DR |
|----|-----|----|------|----|

SURNAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

FULL NAMES: \_\_\_\_\_

VAT REGISTRATION NUMBER (if applicable): \_\_\_\_\_

ID NUMBER: \_\_\_\_\_ POSTAL ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELLPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

HOW DID YOU HEAR ABOUT CORPORATE GUARANTEE? \_\_\_\_\_

### NOTES:

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DATE OF APPLICATION: \_\_\_\_\_

## ADDITIONAL DOCUMENTATION

As prescribed by the Financial Intelligence Act (FIA) 2012 of Namibia and our regulatory body, NAMFISA, it is expected of us to adhere to anti-money laundering regulations.

Depending on your type of entity, additional documentation may be required to process your request for insurance with Corporate Guarantee.

Kindly find the FIA documentation checklist on our website, located under the [Additional Documentation](#) icon.

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Kindly submit your application to [clientcare@corporateguarantee.com](mailto:clientcare@corporateguarantee.com)

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