



Preferred Risk Dissolvers

Policy Application Form

CLIENT'S DETAILS

POLICY APPLICANT: _____

BUSINESS REGISTRATION NUMBER (if applicable): _____

MR	MRS	MS	PROF	DR
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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:

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.

Kindly submit your application to clientcare@corporateguarantee.com