



# *Corporate Guarantee*

*Converting Risk into Sustainable Wealth*

Direkteure / Directors:

PJ de WTromp  
FR van Staden  
BJ Gous (Managing Director)  
J Boltman (Non-Executive)  
J-P Kouwenhoven (Non-Executive)

Corporate Guarantee & Insurance Company of Namibia Limited  
Registration No: 95/354 | VAT registration number 0153484-01-5 |  
Telephone: 083 331 3032 | email: [clientcare@corporateguarantee.com](mailto:clientcare@corporateguarantee.com)  
[www.corporateguarantee.com](http://www.corporateguarantee.com)

Ground Floor, Nictus Building  
140 Mandume Ndemufayo Ave  
PO Box 416  
Windhoek  
Namibia





**APPLICABLE POLICY SECTION**

**1. FIRE: (UNINSURED)** (Value of property) ..... N\$ .....

.....

**2. BUILDINGS COMBINED: BUSINESSES** ..... N\$ .....

Erf No.: .....

Description: .....

.....

**FARMING** ..... N\$ .....

Farm name: .....

Farm No.: ..... Dams: ..... Pumps: ..... Camps: .....

Other: .....

.....

**3. OFFICE CONTENTS:** ..... N\$ .....

Description: .....

.....

**4. BUSINESS INTERRUPTION:** ..... N\$ .....

Annual Turnover N\$ .....

**5. ACCOUNTING RECORDS:** ..... N\$ .....

Annual Turnover N\$ .....

**6. THEFT: (UNINSURED)** ..... N\$ .....

Description: .....

.....

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**7. MONEY:** ..... N\$ .....

Cover N\$ .....

**8. GLASS:** ..... N\$ .....

(Replacement values of glass and sign writing) N\$ .....

**9. FIDELITY:** ..... N\$ .....

(Loss occurred due to fraud or dishonesty) N\$ .....

**10. GOODS IN TRANSIT:** ..... N\$ .....

Description: .....

.....

**11. BUSINESS ALL RISKS:** ..... N\$ .....

Loss/Damage to property: .....

.....

**12. ACCIDENTAL DAMAGE:** ..... N\$ .....

Loss/Damage to property: .....

.....

**13. PUBLIC LIABILITY:** (claims made basis) ..... N\$ .....

Animals on public roads? .....

**14. PUBLIC LIABILITY:** (occurrence basis) ..... N\$ .....

Due to accidental death/injury/illness

**15. EMPLOYERS LIABILITY:** ..... N\$ .....

Employees: .....

Gross weekly wages N\$ .....

.....

**16. STATED BENEFITS:** ..... N\$ .....

Injury caused by accident or violence:

## APPLICABLE POLICY SECTION

**17. GROUP PERSONAL ACCIDENT:** Injury caused by accident or violence ..... N\$ .....

**18. MOTOR: (UNINSURED)** ..... N\$ .....

MAKE	MODEL	REG. No.	
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**19. COMPUTER: (UNINSURED)** ..... N\$ .....

Description: .....

**20. MOTOR TRADERS INTERNAL:** (If applicable) ..... N\$ .....

**21. MOTOR TRADERS EXTERNAL:** (If applicable) ..... N\$ .....

**22. HOUSE OWNERS:** (If applicable) ..... N\$ .....

**23. HOUSEHOLDERS:** (If applicable) ..... N\$ .....

**24. PERSONAL ALL RISKS:** ..... N\$ .....

Specified articles .....

**25. BLOODSTOCK:** (Farming Stud) ..... N\$ .....

Insured property: .....

**UNINSURED PROPERTY:** ..... N\$ .....

**26. NATURAL DISASTERS: (UNINSURED)** ..... N\$ .....

LIVESTOCK	BREED	QUANTITY	
Cattle: .....	.....	.....	.....
Sheep/Goat: .....	.....	.....	.....
Horses: .....	.....	.....	.....
Other: .....	.....	.....	.....

**27. PROFESSIONAL INDEMNITY:** ..... N\$ .....

Companies / CC under control of insured .....

**28. CREDIT INSURANCE:** ..... N\$ .....

Annual Turnover N\$ .....

**29. DIRECTORS' & OFFICERS' LIABILITY:** ..... N\$ .....

NAMES OF DIRECTORS .....

**30. INCOME PROTECTION:** ..... N\$ .....

Annual Turnover N\$ .....

**Total N\$:** .....

The Policy Holder confirms that this analysis of insured Perils is a true reflection of the estimated value of indemnity cover required from the Insurer and the type of Perils to be insured. The Policy Holder is aware of the effect of a lack of insurance cover ("under insurance") and multiple indemnities for the same Peril ("over insurance").

**Client Signature:** .....

<b>RISK MATRIX</b>		
	LOW (N\$)	HIGH (N\$)
CATASTROPHIC	.....	.....
MAJOR	.....	.....
MODERATE	.....	.....
MINOR	.....	.....
INSIGNIFICANT	.....	.....

# NOMINATION OF BENEFICIARY

I, ..... ID No: .....  
(full name)

Hereby nominate as my beneficiaries in the event of my death the undermentioned persons, and authorize Corporate Guarantee and Insurance Company of Namibia Limited (Corporate Guarantee) to pay to such nominees any amounts which may become payable in the event of my death In respect of:

My accrued benefits under Corporate Guarantee Policy No.: .....

*THE USE OF THIS FORM IS SUBJECT TO THE CONDITIONS SET OUT UNDERNEATH*

FULL NAMES OF BENEFICIARIES	DATE OF BIRTH / REG: No.	CONTACT NUMBER & ADDRESS	PERCENTAGE OF AGGREGATE BENEFIT

I reserve to myself the right to change or cancel this nomination, in writing, at any time and I agree that any nomination or cancellations of a Nomination shall only be valid after it has been acknowledged by Corporate Guarantee as having been entered in its records.

SIGNED AT ..... THIS ..... DAY OF ..... 20 .....

POLICY HOLDER'S SIGNATURE ..... WITNESS .....

**NOTE:**

- 1. If more than one beneficiary is nominated, the percentage of the total cash value of the benefit to be paid to each should be indicated.
- 2. Additional forms may be obtained on request.
- 3. Alterations or deletions must be signed by the policy holder and the witness.

The completed form must be returned to: Corporate Guarantee  
P.O. Box 416  
Windhoek

Alternative delivered to Ground Floor, Nictus Building, 140 Mandume Ndemufayo Avenue, Windhoek.

Receipt of the form will be acknowledged by Corporate Guarantee. If you do not receive our confirmation of receipt with 21 days after posting or delivery, you must please submit a new form to ensure that your nomination is noted.

**PAYMENT OF BENEFIT TO A POLICY HOLDER**

In view of the experience account value of your policy which becomes payable in the event of your death, it is vital to make suitable provision for the proper disposition of your benefits, in accordance with your wishes.

**WHO MAY BE PAID**

In terms of policy terms, Corporate Guarantee has to pay any benefits to the nominee(s) designated by the Policyholder.

**NOMINEE MAY BE DESIGNATED**

You may nominate any person, including a Trust, is a beneficiary to whom payment should be made. Such payment falls outside the administration of your Estate and may be made directly to a nominated beneficiary within 30 (thirty) days after Corporate Guarantee has received a certified Death Certificate and other documents which we may require in our discretion to validate the identity of the beneficiary.

**If there are no beneficiaries nominated on nomination form on record with Corporate Guarantee, payment will be made to your Estate.**

**ESTATE**

Please note that the benefit, if paid to your Estate, will be administered and distributed by your Executor in accordance with your Last Will and Testament, or the Rules of Intestate Succession if you do not have a valid Will.

**GENERAL**

To ensure validity of your nomination form, please ensure that the form is:

- 1. Dated
- 2. Signed
- 3. Witnessed
- 4. Receipt acknowledge by Corporate Guarantee

## DOCUMENTATION GUIDELINES

This guideline should be used to assist you in preparing the necessary documentation that our Corporate Guarantee Risk Consultant will need to process your request to open a policy with us.

### If the policyholder is registered as a Trust:

	Trust Deed
	Copy of the Policyholder's ID + Trustees ID's
	Latest Trust Certificate
	Proof of Bank Account (Bank letter or Bank Statement not older than 3 months)
	Proxy letter / Resolution - (if applicable)
	Income Tax Certificate and VAT Certificate (if the Business is a VAT vendor)
	Proof of Business Address

### If the policyholder is registered as a Company:

	Latest CM23 (Annual Return as lodged with Ministry of Trade & Industry)
	ID's of all directors
	If CM23 is not supplied: <ul style="list-style-type: none"> <li>- Control &amp; Ownership structure indicating Beneficial Ownership, CEO/Executive Manager (only needed where CM23 is not supplied)</li> <li>- CM22 - Registered address of the company (only needed where CM23 is not supplied)</li> <li>- CM 29 - Registered of directors and officers (only needed where CM23 is not supplied)</li> </ul>
	CM 1 - Certificate of Incorporation
	CM 9 - Certificate of Name Change (if applicable)
	CM 8 - Defensive Name (if different to registered Name)
	Proof of Bank Account (Bank letter or Bank statement not older than 3 months)
	Income Tax Certificate and VAT Certificate (if the Business is a VAT vendor)
	Proof of Business Address
	Control & Ownership structure (indicating Beneficial Owners and CEO/Executive Manager)
	Proxy letter / Resolution - (if applicable)

### If the policyholder is a Namibian individual or is registered as a Namibian Sole Trader:

	Namibian ID Document (or Namibian passport / Namibian birth certificate)
	Proof of Mandate to Represent Other
	Income Tax Certificate
	Proof of Bank Account

### If the policyholder is registered as a Partnership:

	Partnership Agreement of list of partners
	Proof of Bank Account (Bank letter or Bank statement not older than 3 months)
	Income Tax Certificate (for individuals) and VAT Certificate (if applicable)
	ID's of all the Partners
	Control & Ownership structure (indicating Beneficial Owners and the CEO/Executive Manager)
	Proof of Business Address
	Proxy Letter / Resolution (if applicable)

### If the Policyholder is registered as a Closed Corporation:

	CC1 - Founding Statement, containing Certificate of Incorporation
	CC2 - Latest Amended Founding Statement
	CC8 - Defensive Name (if different to registered name)
	Proof of Bank Account (Bank letter or Bank Statement not older than 3 months)
	Income Tax Certificate and VAT Certificate (if the business is a VAT vendor)
	ID's of all the Members of the Closed Corporation
	Proof of Business Address
	Proxy letter / Resolution - (if applicable)