

**NAC Funeral Assistance Scheme Namibia**

Hollard Life Namibia Limited  
Registration number: 2008/0229

**APPLICATION FORM - Namibian Members Only**

Congregation:.....

Congregation Code:.....

|                         |                         |
|-------------------------|-------------------------|
| <b>Principal Member</b> | <b>Member No:</b> ..... |
| Name: .....             | Surname: .....          |
| ID: .....               | D.O.B: .....            |
| Address: .....          | Contact No: .....       |
| .....                   |                         |
| .....                   |                         |

|                   |           |
|-------------------|-----------|
| <b>Dependants</b> |           |
| Spouse: .....     | ID: ..... |
| Children under 21 |           |
| .....             | ID: ..... |
| .....             | ID: ..... |
| .....             | ID: ..... |
| .....             | ID: ..... |
| .....             | ID: ..... |
| .....             | ID: ..... |

|  |           |
|--|-----------|
| <b>Nominated Beneficiary: First Choice</b> |           |
| Name: .....                                | ID: ..... |
| Relationship:                              |           |
| .....                                      |           |

I, the undersigned, hereby apply for membership of the NAC Funeral Assistance Scheme Namibia and enclose proof of my subscription by Deposit or EFT in the amount of R.....(Receipt No: )

The premium due for this application is based on a pro-rata schedule which is determined annually by the Scheme. Please refer to the burial co-ordinator in the congregation or contact the burial office at [mbmatengu@nac-sa.org.za](mailto:mbmatengu@nac-sa.org.za) or [benniegabrielsen@gmail.com](mailto:benniegabrielsen@gmail.com).

I declare that my dependants and I are in good health and free from any disease, disorder or ailment **\*\***(exceptions detailed below).  
I understand that my application covers only my spouse and unmarried dependants (under 21) at the time of application.

**\*\*Exceptions:** .....

.....

A general 3 month waiting period does apply. The maximum age for new members joining the NAC Funeral Assistance Scheme Namibia is 64. I understand that premiums are paid annually in advance as determined by the Fund.

**Please note: No electronic signatures permitted – you must have an actual signature on this form.**

Signature of Applicant: .....

Date: .....

Banking Details of Fund: Standard Bank  
Windhoek  
Account 043 250 025  
Branch 083 372

Banking Details of Fund: Bank Windhoek  
Katima Mulilo  
Account No:CHK-1019 142 001  
Branch 482 273

**NB: Please use member number as a reference so that premium can be allocated correctly.**