NAC Funeral Assistance Scheme Namibia

Hollard Life Namibia Limited
Registration number: 2008/0229

APPLICATION FORM - Namibian Members Only

Congregation:..... **Congregation Code:**.....

Principal Member **Member No:** .....

Name: ..... Surname: .....
ID: ..... D.O.B: .....
Address: ..... Contact No: .....
.....
.....

Dependants

Spouse: ..... ID: .....
Children under 21
..... ID: .....
..... ID: .....
..... ID: .....
..... ID: .....
..... ID: .....
..... ID: .....

Nominated Beneficiary: First Choice

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 or 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.