

FIA MEMBER INFORMATION FORM

Tel: +264 83 2999 000

E-mail queries: rmamember@prosperitynam.com

"Kindly do not use tippex in the completion of this form - kindly initial where corrections have been made and complete accordingly".



Office Use Only

Screened		Captured		QC		Scanned	
Date		Date		Date		Date	
Signature		Signature		Signature		Signature	

Why are we requesting the information from you?

The Namibian Financial Intelligence Act, No 13 of 2012 read with its Amendment Act, No 6 of 2023 (the "FIA Legislation"), requires us to ascertain the identity of our Policyholder, beneficiaries and/or Beneficial Owners of the policy and to maintain proper record of such persons.

Confidentiality

Your confidential information is stored securely within Namibia. We may disclose your personal information to our employees or representatives or when Required, experts engaged by us, directly concerned with this mandate. However, we undertake all reasonable steps to ensure that they have the necessary privacy policies in place. We may also disclose your information where we have a duty or a right to disclose same, in terms of applicable legislation, court order, industry codes or where it may be necessary to protect our rights. We are bound by our policies and professional standards and Prosperity Lifecare and its employees maintain complete independence in relationship to policyholders.

To protect the integrity of your information, no amendments to any information provided to us will be accepted without written confirmation from yourself or an authorised representative.

Section A - Member Information *(Kindly complete in English, black ink and as thoroughly as possible.)*

Medical Aid Number															
Title	Initials		Full Names												
Surname															
Physical Address															
Postal Address											Postal code				
Telephone Number	H	Code					W	Code							
Cellphone Number							Fax Number								
Gender							Nationality								
Date of Birth	D	D	M	M	Y	Y	Y	Y	Age	E-mail Address					
I.D./Passport Number							Passport Expiry Date								
Occupation															

Section B - Beneficiaries to be Covered *(Attach copy of ID/s/full birth certificates)*

I.D. / Passport no	First Name	Surname	Relationship	Gender	Date of Birth								
				F	M	D	D	M	M	Y	Y		
				F	M	D	D	M	M	Y	Y		
				F	M	D	D	M	M	Y	Y		

Section C - Bank Details

IMPORTANT NOTICE: It is compulsory to provide Prosperity Lifecare with this information. (In the event that refunds should be deposited into a different bank account, attach details as well.)				Effective Date	D	D	M	M	Y	Y	Y	Y	
Debit		Credit											
Name of Account Holder													
Bank Name							Bank Branch Name						
Account Number							Bank Branch Code						
Type of Account	Cheque / Current		Savings		Signature of Account Holder								

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Section D - Documentation *(The following documents are to be submitted together with the FIA Form.)*

Namibian Citizen	Yes	No
*ID / Passport of Main Policyholder	ID / Passport of spouse	
Proof of banking details (Kindly provide confirmation from the bank not older than 3 months)	Marriage certificate	
*Proof of source of funds	Birth certificate / proof of guardianship of child / (full birth certificate)	
Source of funds:		

*Verified Copy

In terms of the Financial Intelligence Act, 2012 (Act 13 of 2012) (FIA) in compliance with FIA all documents should be verified, in respect of which we elect to have a certified copy. Financial Intermediaries and certain employees may verify/ascertain a copy against the original. To verify a copy without the original is in contravention of the FIA and is a criminal offence.

Section E - Prominent Influential Persons (“PIPs”) as per the FIA Legislation.

PIPs are persons holding a prominent public position or function, whether in Namibia or a foreign country or entrusted with a prominent position by an International Organization. In the event that you are a family member, close associate or a nominated beneficiary of a policy held by a PIP or for the benefit of a PIP, you are also considered a PIP. Should you be unsure whether you or your proposed beneficiary is a PIP, kindly inform the authorized employee assisting you at your nearest Prosperity Office or your financial intermediary, to provide clarity in this regard.

Are you a PIP?	YES	NO
Are you the contact person of, or close associate of or family member of a PIP?	YES	NO
Should you have answered “yes” to any of the above, please provide a brief description of the reasons for your answer and kindly stipulate the requisite source of funds and/or source of income.		

Section F - Acknowledgement

I acknowledge that the information provided and the details which have been completed on this form are correct and that I have the necessary authority to sign this document.

Member Name	Date	D	D	M	M	Y	Y	Y	Y
Member Signature									
RMA Representative Name	Date	D	D	M	M	Y	Y	Y	Y
Signature									

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1	I herewith confirm that this form has been reviewed against the FIA Legislation and all persons referenced on this form have been screened against the United Nations Security Council’s Sanctions List, as required by the Prevention and Combating of Terrorist and Proliferation Activities Act, No 4 of 2014 read with its Amendment Act, No 8 of 2023 (“PACOTPAA Legislation”)								
Signed at	on this	day of	2	0	Y	Y			
Prosperity Representative Name									
Signature									

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1	I confirm that I have diligently reviewed this form in compliance with FIA Legislation. Enhanced Due Diligence (EDD) processes, inclusive of Screening against the United Nations Security Council’s Sanctions List, was conducted. I hereby approve the Prominent Influential Person Status.								
Signed at	on this	day of	2	0	Y	Y			
Principal Officer Name									
Signature									