
SCHEDULE 1 (to Standard INS.S.2.4)**APPLICATION FORM FOR REGISTRATION AS A LONG-TERM /SHORT-TERM
INSURANCE BROKER - INDIVIDUAL/NATURAL PERSON**

I, the undersigned, do hereby apply for registration to carry on the business of insurance broker in Namibia pursuant to section 55 of the Financial Institutions and Markets Act, 2021 (Act No. 2 of 2021) (the "Act").

1. DETAILS OF APPLICANT

Full Name(s): _____

Surname: _____

Current/other NAMFISA License Number: _____

ID/Passport Number: _____

Marital Status: _____

Income Tax Number: _____

2. CONTACT DETAILS

Physical Address: _____

Postal Address: _____

Telephone Number: _____

Facsimile Number: _____

Email address: _____

3. BANKING DETAILS

Bank Name: _____

Branch Name: _____

Branch Code: _____

Account Number: _____

Account Type: _____

4. PERIOD OF Financial YEAR : _____**5. ATTACHMENTS**

- (i) Proof of payment of the prescribed Registration fee paid in terms of Standard No. GEN.S.10.23 - Fees
- (ii) Proof of bank account
- (iii) If registered with NAMFISA previously, proof of payment of renewal fee
- (iv) Marriage certificate (if name different from name on copy of ID)
- (v) Relevant completed parts and other information required pursuant to Standard No. GEN.S.10.2 - Fit and Proper Requirements
- (vi) Proof of insurance policy in respect of errors and omission cover to a minimum of N\$1 000 000
- (vii) Proof of fidelity insurance cover to a minimum of N\$1 000 000 (where applicable)
- (viii) Proof of registration as a taxpayer from the Receiver of Revenue

All copies of original documents must be duly certified¹. Copies made from certified documents will not be accepted.

SIGNATURE

By signing the document I confirm that:

- (a) The long-term/short-term insurance broker business undertaken by me will be conducted in Namibia in compliance with the Act and the regulations prescribed under the Act and the standards and other subordinate measures issued by NAMFISA under the Act;
- (b) I will adhere to the requirements and conditions stated in this application form; and
- (c) All the information contained in this application is true and accurate and can be relied upon and I have disclosed all necessary material information that may be required by NAMFISA. In the event that any information provided in this application is incorrect or not fully disclosed, I accept that my registration as an insurance broker may be cancelled in accordance with the provisions of the Act.

Full Name: _____

Signature: _____

Capacity: _____

Date: _____

¹ All documents certified outside the borders of Namibia should be notarised in terms of the laws of that country.