

**SCHEDULE 2 (to Standard No. MAF.S.7.18)****APPLICATION FORM FOR REGISTRATION AS A MEDICAL AID FUND  
BROKER - ENTITY**

I, the undersigned, do hereby apply on behalf of [*insert name of entity*] for registration to carry on the business of corporate medical aid fund broker in Namibia pursuant to section 333 of the Financial Institutions and Markets Act, 2021 (Act No. 2 of 2021) (“the Act”).

**1. DETAILS OF APPLICANT ENTITY**

1.1 Full Name: .....

1.2 Entity Registration Number: .....

1.3 Income Tax Number: .....

1.4 Current/other NAMFISA License Number: .....

**2. CONTACT DETAILS**

2.1 Physical address: .....

2.2 Postal address: .....

2.3 Telephone number: .....

2.4 Facsimile number: .....

2.5 E-mail address: .....

**3. DIRECTORS AND OTHER KEY PERSONS OF APPLICANT ENTITY**

Full names	Nationality	Country of residence

**4. OWNERSHIP STRUCTURE OF APPLICANT ENTITY**

Shareholders or members' names and proportion of ownership:

Name	Shareholding

**5. BANKING DETAILS OF APPLICANT ENTITY**

5.1 Bank Name: .....

5.2 Branch Name: .....

- 5.3 Branch Code: .....
- 5.4 Account number: .....
- 5.5 Account Type: .....

**6. AUDITOR OR ACCOUNTANT OF APPLICANT ENTITY IN NAMIBIA**

- 6.1 Full Name: .....
- 6.2 Physical Address: .....
- 6.3 Telephone Number: .....
- 6.4 Facsimile Number: .....
- 6.5 E-Mail Address: .....
- 6.6 Name of professional regulatory body: .....
- 6.7 Membership No.: .....

**7. PERIOD OF FINANCIAL YEAR: .....**

**8. DETAILS OF PRINCIPAL OFFICER (PO)**

- 8.1 First name(s): .....
- 8.2 Surname: .....
- 8.3 ID/Passport number: .....
- 8.4 Nationality: .....
- 8.5 Physical address: .....
- 8.6 Postal address: .....
- 8.7 Telephone number (w): .....
- 8.8 Mobile number: .....
- 8.9 Facsimile number: .....
- 8.10 E-mail address: .....

**9. ATTACHMENTS**

The applicant must provide the following information and documentation as is relevant and if not already provided elsewhere	YES	NO
Memorandum and Articles of Association/Founding Statement		
List of Directors and shareholders or members controlling the applicant		
Certified copies of share certificates or members' interest certificates		
Certified copy of Municipality Certificate of Registration or of Fitness		

Proof of bank account		
Professional indemnity insurance cover certificate		
Proof of registration as a tax payer from the Receiver of Revenue		
Completed parts and other information required pursuant to Standard No. GEN.S.10.2-Fit and Proper Requirements		
Proof of payment of the required application fee in terms of Standard No. GEN.S.10.23-Fees		

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

**SIGNATURE OF APPLICANT, PRINCIPAL OFFICER OR AUTHORISED PERSON**

By signing the document, I confirm that all the information contained in this application is true and correct and can be relied upon and I have disclosed all necessary material information that may be required by NAMFISA.

Full Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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