

**SCHEDULE 1 (to Standard No. MAF.S.7.18)****APPLICATION FORM FOR REGISTRATION AS A MEDICAL AID FUND  
BROKER - INDIVIDUAL**

I, the undersigned, do hereby apply for registration to carry on the business of 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**

1.1 Full Name(s): .....

1.2 Surname: .....

1.3 Current/other NAMFISA license number: .....

1.4 ID/Passport number: .....

1.5 Income tax number: .....

**2. CONTACT DETAILS**

2.1 Physical address: .....

2.2 Postal address: .....

2.3 Telephone number: .....

2.4 Facsimile number: .....

2.5 E-mail: .....

**3. BANKING DETAILS**

3.1 Bank Name: .....

3.2 Branch Name: .....

3.3 Branch Code: .....

3.4 Account Number: .....

3.5 Account Type: .....

**4. ATTACHMENTS**

The applicant must provide the following information and documentation as is relevant and if not already provided elsewhere	YES	NO
Certified copy of Municipality Certificate of Registration or of Fitness		
Declaration on all relationships or affiliations with medical aid funds' boards of trustees, principal officers, employees and the administrator		
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		
Proof of bank account		
Professional indemnity insurance cover certificate		
Proof of registration as a tax payer from the Receiver of Revenue		

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

**SIGNATURE OF APPLICANT**

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: \_\_\_\_\_