

Instructions

1. Complete in block letters
2. Tick blocks where appropriate
3. Complete in English

1. Principal Member/ Share holder

Title	<input type="text"/>	ID/Birth Date/ Passport NO	<input type="text"/>
Surname	<input type="text"/>	Gender	<input type="text"/>
First names	<input type="text"/>	Nationality	<input type="text"/>
Contact number	<input type="text"/>	Postal Address	<input type="text"/>
Email Address	<input type="text"/>		
Residential Address	<input type="text"/>		
Current Occupation	<input type="text"/>	Source of Income	<input type="text"/>

2. Business Details

New Registration	<input type="checkbox"/>	Registered Business	<input type="checkbox"/>
Proposed/Registered Business Names	<input type="text"/>		
Principle Activities of the Business	<input type="text"/>		
Number of Members/Share Holders	<input type="checkbox"/>		

3. Benefits and Premiums

Premium Section

A. Basic Plan (Compulsory)		N\$ 550 (Star Plan)	
Business Registration (CC)	Founding Statement, Accounting Letter, Tax Certificate, Good Standings, Employer Certificate, SME Certificate, Equity/ Affirmative Action		√
PS Loan (Push to Start)	100% of Annual Total Premium		√
5% Savings Bonus	Total Annual Premium Accumulates a 5% Bonus Top Up		√
Savings Cash Back	All Premiums Contributed to The PS Loan are Cashed Back <i>(Subjected to Administration Fees)</i>		√
Book Keeping	Updating of Business Documents, Payments and Record Keeping		√
B. Additional Benefits (Optional)			
Business Legal Representative	N\$ 350	Business Plan and Profile	N\$ 250
Business Insurance	N\$ 250	Business Manager and Consultant	N\$ 250
Bid/Tender Applications	N\$ 250	Cash Loan/ Brokerage License	N\$ 250
Website	N\$ 250	Social Media Advertisements	N\$ 250
C. Wise Planner			
Back to School	N\$	Finance My Wedding	N\$
Vehicle Financing	N\$	Birth of Child	N\$
House Financing	N\$	Trip Travel	N\$
Additional To Savings Premium	N\$		
Total Monthly Premium	N\$		
Total Annual Savings With 5% Bonus	N\$		
PS Loan Amount	N\$		

4. Premium Payment Details

Is Premium Payer Business Owner? If No; What is Their Relationship?

Pay at Office

Pay Through Account

DEBIT ORDER DETAILS

Name of Bank Branch Name

City/Town Branch Code

Type of Account Account No

Debit Day

5. Declaration by Premium Payer

Valueadd is hereby authorized to draw against the account in this section all amounts legally due Valueadd in terms of this proposal, which includes any annual inflation increases and arrears premiums. I/we herewith specifically and unequivocally authorize Valueadd to deduct any such increased or arrear premiums from my/our account and confirm that this Debit Order Mandate shall be legally valid for and binding upon me/us in respect of such increased or arrear premiums, notwithstanding that the amount may differ from the amount initially authorized hereunder. This authority is to remain in force until expressly terminated by either myself/us or Valueadd in writing by no less than 30 (thirty) ordinary business days, and sent to your contact details/address as indicated above, but the termination will have no effect on any withdrawal already made by the Bank and credited to Valueadd. I/we personally undertake to advise Valueadd of any changes in the account details given. I/we confirm that the account details as stipulated above are true and correct and accordingly consent to the verification/ascertainment thereof by Valueadd or its designated subsidiary or agent, for purposes of verifying / ascertaining the validity and correctness thereof with the relevant Financial Institution. If the payment day falls on a Saturday, Sunday or a recognized public holiday in the Republic of Namibia, the payment day will be the previous ordinary business day. Furthermore, if there are insufficient funds in my/our account to meet the obligation, you are entitled to represent the instruction for payment to my account for a period of _____ days (_____). Due to customary early payment of salaries in December, I/we hereby authorize you to present _____

my/our December payment instructions earlier, aligned with my payment date. I/we also understand that details of each payment will be printed on my/our bank statement. The individual payment instructions authorized to be issued, must be issued and delivered Monthly. The bank statement must contain a reference number for identification, which must be included in the said payment instruction and if provided to me/us should enable me/us to identify such transaction as linked to this payment instruction authorization. Notwithstanding any premium received, Valueadd is not liable for payment under this proposal until such time as the application number has been issued and commenced. I/we hereby declare as follows: I/We have the necessary authority to sign this Mandate Authority. I/We agree to be bound by signing the Mandate Authority.

Name of Account Holder Signature

6. Declaration by Applicant

I confirm that the above statements, whether in my own handwriting or not, are true and correct. I agree that the statements made by me in this application, and in any other forms completed by me or provided to Valueadd on my behalf, will be the basis of the contract. I understand and agree that Valueadd may refuse to make payment under this agreement if I have made any statement in this form or in any other document submitted to Valueadd that is not true or that is incorrect or if I have not disclosed any necessary information required by Valueadd. I also agree that if this agreement forms part of a previous contract or is a change made to a previous contract, then any statements made by me in that original contract or application will also apply to this contract. I understand that a contract with the terms and conditions usually used for the type of benefits that I have applied for will come into existence and I accept this contract. No statement or promises made or given to me by any person, and which is not stated in the contract, will be binding on Valueadd. I understand and agree that the contract will only come into existence and that Valueadd will only be liable under the contract once I have paid the first 3 (three) months premium and Valueadd has received this premiums, and only once Valueadd has confirmed acceptance of the risk in writing. I understand that Valueadd will not pay PS Loan in the first 11 months of this agreement. I give permission to Valueadd to obtain and to share any information relating to my business. This permission to Valueadd will remain in force during this agreements life time. If the consent or permission of my spouse is legally required for this contract, I confirm that I have the written consent or permission of my spouse to enter into this contract. I understand that I am entitled to cancel this application within 30 days of the date of issue of the application number by Valueadd. I agree that there will be a refund of all premiums paid, less the cost of any benefits enjoyed by me. I, the undersigned, herewith consent that Valueadd and its subsidiaries and affiliates (hereinafter referred to as the Valueadd Group) may communicate with me via email and may send all relevant contracts, statements and other information pertaining to my business to me to the email address provided by myself in this application. I further confirm that the email address provided herein is complete and correct in all respects and undertake that I will inform the Valueadd Group immediately of any changes to the details herein contained and specifically of any changes to my email address. I acknowledge that I am aware that communications sent by email can easily be tampered with, intercepted or fraudulently abused by outsiders. I

herewith expressly and fully indemnify the Valueadd Group, its representatives and employees against and waive any rights in connection with any demand, claim or action, whether directly or indirectly relating to or in connection with any email communication, unless the matter is as a result of gross negligence or willful misconduct of the Valueadd Group or any of its employees, in which case the matter shall be dealt with on its legal merits.

Signature of Applicant Date

7. Intermediary Details

Full Name
Employee No Contact No
Sales Office

I declare that:

I am registered with Valueadd to sell ValueMet product. I have explained the product to the Applicant and he/she understands the product to their full knowledge.

Signature of Applicant Date

