

### 3. INSURANCE

- 3.1** I have been informed that I have a free choice in respect of the registered insurer and the registered insurance agent through whom I can apply for a credit life insurance policy to be taken out as security on the repayment of the credit extended to me.

*Please tick the appropriate section:*

- 3.2** ☐ I do not have any preference in terms of 3.1 above and hereby authorise Kongalend Financial Services (Pty) Ltd to arrange a suitable long-term insurance policy with the insurer of its choice, currently Hollard Life Namibia Limited.
- 3.3** ☐ I wish to cede the following policy to Kongalend as security for the credit extended to me:  
Policy issued by ..... policy no..... surrender value N\$..... (must cover the loan amount and equal cover as the policy provided by Hollard Life Namibia Limited).
- 3.4** All benefits will be paid in accordance with the terms and conditions of the Master Policy, details of which are available on request. This application and the Master Policy will form the basis of the insurance contract between the applicant and Hollard Life Namibia Ltd.  
I declare that all sections of the Master Policy were effected by me voluntarily and that it has not been made a condition of granting the loan as I have been offered the choice of alternative insurance arrangements through my own Intermediary and/or Company.

### 3.5 APPLICATION FOR SHORT-TERM INSURANCE

Cover: Damage caused by fire, lightning, thunderbolt, explosion, earthquake, storm, wind, hail, snow, subsidence and landslip, limited to exclusion as per the Master Policy with Hollard Insurance Company of Namibia (Pty) Ltd.

I declare that I have the legal contractual capacity to enter into contracts and that I have read and understand all the above and the implications thereof. I also declare that all the information provided is true.

Signed: ..... Date: .....

### 3.6 APPLICATION FOR CREDIT LIFE INSURANCE

Cover: Death (any cause) & Permanent Disability (Lump Sum)  
Temporary Disablement (Payment of the monthly instalment up to a maximum of 12 months)  
Retrenchment Cover (Payment of monthly instalments up to a maximum of 6 months)

Original sum insured: N\$.....

Maximum entry age: 60 years All cover ceases at age 65.

I understand that the original sum insured by Hollard Life Namibia Limited under this section of the policy will decrease over the period of the loan and will lapse at the end of the policy term.

I, the life insured, also understand, agree and where applicable declare that I have not received any treatment from any Medical Practitioner during the past two years or been hospitalised or undergone hospital treatment or specialist investigation as a result of any form of disability or heart attack or heart disease, raised cholesterol, high blood pressure, stroke, cancer, kidney disease, diabetes, muscular-skeletal disorders, impaired vision, nervous disorder or AIDS-related condition.

I am not aware of any decisions reached or proceedings, which may lead to the termination of my employment.

If the above declaration cannot be made without qualification, please provide the name(s) of doctor(s) and/or full details of hospitals, duration of treatment(s), tests and extent of recovery, or the most recent level of warning received, the nature and degree of misconduct and the date thereof.

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I declare that I have the legal contractual capacity to enter into contracts and that I have read and understand all the above and the implications thereof. I also declare that all the information provided is true.

Signed: ..... Date: .....

### 3.7 APPLICATION FOR BURIAL & LIFESTYLE LINKED PLAN

MAIN MEMBER: .....

#### DEPENDANTS

Spouse	Gender	ID number/Date of birth
	M F	
Children		
1.	M F	
2.	M F	
3.	M F	
4.	M F	
5.	M F	

#### PLAN OPTIONS

Choose your Cover: <i>Please mark with an "X"</i>	N\$5 000	N\$10 000	N\$15 000	N\$20 000
Inception Date: <b>???? IS THIS NEEDED?</b>	Total monthly premium			<b>N\$</b>
To whom should the benefit be payable in case of death:				
Initials and Surname	Relationship	ID number	Contact number	

I, the undersigned, hereby declare and warrant any and all information supplied herein, to be true and complete. I am aware, and understand, any non-disclosure or misrepresentation of information which is material to the determination of the risk by Hollard may lead to the funeral policy being declared null and void, in which case premiums paid will be forfeited. I am quite certain that the product which I am applying for, meets my needs and feel that I have all the necessary information in order to make an informed decision in respect of the purchase thereof.

Have you cancelled, or do you intend to cancel, an existing policy in order to take out this one? ☐ YES ☐ NO

If "yes" we will contact you in this regard. Please note: It is disadvantageous to replace an existing policy with a new policy and you should contact your existing Service Provider in this regard. Please note that you are allowed multiple funeral plans. Terms and Conditions applicable to this policy, are explained in your policy certificate. Subject to the conditions of the Long-term Insurance Act, you have 30 days after receipt of the summary of the policy, to cancel your policy by notifying TBFS/Kongalend in writing. Should there be any non-compliance with the laws governing your policy, contact: 061 371 391 or email: tbfs@hollardnam.com

Signed: ..... Date: .....