







## **CLIENT IDENTIFICATION & VERIFICATION FORM**

Financial Intelligence Act, 13 of 2012 (FIA)

**C. PARTNERSHIP/COMPANY/FOREIGN COMPANY/CLOSE CORPORATION/OTHER LEGAL PERSON/TRUST**

If the Contracting Party (and Premium Payer if different from the Contracting Party) is a Company/Close Corporation/Legal Entity/other Legal Person/Partnership/Trust or Association, the information on pages 3 to 5 must be provided

#### INFORMATION OF APPLICABLE PARTY

Capacity of the applicable party (please tick the appropriate box):

Namibian Close Corporation/Company       Foreign Close Corporation/Company  
 Other Legal Entity or Association       Partnership       Trust  
 Other capacity (please specify)

Registered Name \_\_\_\_\_

Trade Name \_\_\_\_\_

Registration Number - if applicable \_\_\_\_\_ Country where Registered \_\_\_\_\_

Are you a US citizen or a tax resident of the United States of America?  YES  NO if yes, please complete the **W9** of the American Internal Revenue Service ([www.irs.gov/w9](http://www.irs.gov/w9))

Registered (physical) Address

Table 1. Summary of the main characteristics of the four groups of patients.

**Business Address (if different)** \_\_\_\_\_

from registered address)

Nature of business/ principal business activity

**IF A FOREIGN ENTITY**

Name under which company conducts business in the country where it is incorporated

For more information about the study, please contact Dr. John Smith at (555) 123-4567 or via email at [john.smith@researchinstitute.org](mailto:john.smith@researchinstitute.org).

If the name under which it conducts business in Namibia is different than the above-mentioned name; the name under which it is conducting business in Namibia

For more information about the study, please contact Dr. John Smith at (555) 123-4567 or via email at [john.smith@researchinstitute.org](mailto:john.smith@researchinstitute.org).

**CONTACT DETAILS** (at least one number is compulsory)

Business Tel (Code)  No

Business Fax (Code)      No

Email Address

PERSONS ASSOCIATED TO THE ENTITY (please complete page 2 for each natural person and pages 3 to 5 for each legal entity identified below)

Please identify the Authorised Signatories and persons associated to the entity, including the ownership and control structure (as indicated on page 1) of a Close Corporation or Company; the Partners in a Partnership; the Beneficial Owner, Trustees, Beneficiaries and Founder of a Trust.



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## PARTNERSHIP

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**Page 2 must be completed for:**

- every partner of any partnership of whatever nature;
- each natural person who purports to be authorised to enter into a transaction with an accountable or reporting institution on behalf of the partner/partnership.

Documentation utilised for verification of legal existence of the Partnership (please tick the appropriate box):

- Partnership Agreement, reflecting name of partnership

In the event a partner is a company, close corporation, other legal entity or a trust indicate what documentation was used for verification of such entity (please tick the appropriate box):

- Namibian Company documentation: Form CM1, CM22 - reflecting registered name, registration number, registered address, trade name, business address
- Namibian Close Corporation documentation: Form CC1, CC2 - reflecting registered name, registration number, registered address, trade name, business address
- Official Document issued by foreign country - reflecting registered name, registration number, registered address
- Constitution or Founding document, Trust Deed - reflecting name, number; non-Namibian trust official document from that country, reflecting name, address, legal form (other legal person)

## COMPANIES (incorporated inside or outside Namibia - applicable to foreign company and close corporation)

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**Page 2 must be completed for:**

- the Executive Manager or CEO
- each Director
- each person who purports to be authorised to contract on behalf of the company (Authorised Signatories)
- each natural person holding 20% or more of the voting rights at a general meeting of the Company (Beneficial Owner)

PLEASE ATTACH ORIGINAL CERTIFIED COPIES OF:

- Form CM 1, CM22, CM29 – reflecting registered name, registration number, registered address, trade name and business address.
- Official Document issued by foreign country – reflecting registered name, registration number and registered address.

## FOREIGN COMPANY

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**Page 2 must be completed for:**

- Manager irrespective of affairs in Namibia;
- person authorised to contract on behalf of the Director/Partner of the company;
- each natural person, partnership or trust holding 20% or more of the voting rights in the company.

Documentation utilised for verification of legal person (please tick the appropriate box):

- Official documentation issued by foreign country for recording of incorporation reflecting name under which incorporated, number under which incorporated, address where situated, trade name in country of incorporation, address of operation in country of incorporation

In the event where a legal person, partnership or trust holding 25% or more of the voting rights in the company, indicate what documentation was used for verification of such entity (please tick the appropriate box):

- Namibian Company documentation: Form CM1, CM22 - reflecting registered name, registration number, registered address, trade name, business address
- Namibian Close Corporation documentation: Form CC1, CC2 - reflecting registered name, registration number, registered address, trade name, business address
- Official Document issued by foreign country - reflecting registered name, registration number, registered address
- Constitution or Founding document, Trust Deed - reflecting name, number; non-Namibian trust official document from that country, reflecting name, address, legal form (other legal person)
- Partnership Agreement reflecting name of partnership



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## CLOSE CORPORATION

**Page 2 must be completed for:**

- each member of the Close Corporation and executive management of the Close Corporation
- each natural person purporting to be authorised to act on behalf of the Close Corporation

**PLEASE ATTACH ORIGINAL CERTIFIED COPIES OF:**

- Founding Statement (Form CC1) or amended founding statement (CC2) stamped by the registrar of Close Corporations and signed by an authorised member/employee reflecting registered name, registration number, registered address and trade name.
- Document issued by Namibian Receiver of Revenue containing Company's Income Tax/VAT registration number.

## OTHER LEGAL ENTITY OR ASSOCIATION

**Page 2 must be completed for each person purporting to be authorised to contract on behalf of the Legal Entity or association.**

**PLEASE ATTACH ORIGINAL CERTIFIED COPIES OF:**

- Constitution or founding document reflecting name of legal person, address of operation and legal form
- Identification documents of all natural persons listed above
- Authorised Signatories

## TRUST

**Page 2 must be completed for:**

- each trustee of the trust
- each natural person purporting to be authorised to contract on behalf of the trust (e.g. in terms of resolution)
- each beneficiary of the trust referred to by name in trust deed/other founding document, or particulars of how the beneficiaries of the trust are determined
- founder of the trust

**PLEASE ATTACH ORIGINAL CERTIFIED COPIES OF:**

- Trust Deed/other founding document reflecting name and number of trust
- Identification documents of all natural persons listed above
- Registration Certificate

## DISCLOSURE

The Old Mutual Group would like to offer you ongoing financial services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs. The Old Mutual Group may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches
- Verifying your identity
- Verifying and/or updating your personal information
- Claims checks (Industry Life & Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection (including anti-money laundering screening)
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You agree that Old Mutual may view, search and update your information.

You agree that your medical information and the answers to the Health and Lifestyle questionnaire may be shared with relevant third parties (including the adviser involved in this application). If, as a result of your health, a decision is taken to increase premiums, not to cover certain conditions or not to accept the application for cover, you agree to the reasons for this decision being shared with the adviser. You understand that if you do not agree this application for cover will not be processed.

You may access your personal information that we hold and may, under certain circumstances, also request us to correct any errors or to delete this information. In certain cases, you have the right to object to the processing of your personal information.

To view our full privacy notice and to exercise your preferences, please visit our website on

**[www.oldmutual.com.na/about-old-mutual/how-we-do-business/legal/privacy-policy](http://www.oldmutual.com.na/about-old-mutual/how-we-do-business/legal/privacy-policy)**