Know Your Customer (KYC) FORM

LIBERTY

LIFE INVESTMENTS HEALTH CORPORATE PROPERTIES ADVICE

Liberty Life Namibia Limited, as an Accountable Institution, is required to ensure that it has the most recent information for its customers in order to meet the Financial Intelligence Act (Act No. 13 of 2012) obligations.

To successfully update your records and service you more effectively in the future, please can you provide us with any of the following documents:

Proof of Identity

Certified copy of Namibian Identity Document or Passport	

Policy number

POLICYHOLDER IDENTITY DETAILS

Surname

First Names

Identity number / Passport number — Expiry Date

Date of birth (Y Y Y Y M M D D) — Gender (M F) — Marital status

Country of birth

Nationality

Citizenship

Income Tax number

Are you a foreign citizen and/or national and/or are you resident for tax purposes anywhere other than Namibia? Y N

If 'Yes', and you are a U.S. citizen/national/resident for tax purposes in the US, please complete the 'Self-Certification Declaration for an Individual' section of this Form.

NB: Client to provide certified copies of marriage certificate (if married) and Income Tax Certificate.

CONTACT DETAILS

Telephone number — Mobile number

Email address

Postal address

Postal code

Physical address

LIBERTY LIFE NAMIBIA LIMITED – Reg. No. 2003/639
Maerua Office Park, 5th Floor, Office 5001, Jan Jonker Road
Windhoek, Namibia
P.O. Box23001, Windhoek
t +264 61 294 2343 f +264 61 294 2441

BANKING DETAILS

Name of account holder

Name of bank

Account number

Branch name

Branch code

NB: Client to provide bank confirmation letter or bank statement as proof

SOURCE OF INCOME DETAILS

Source of income

Are you employed? Y N Are you self-employed? Y N

Name of employer

Employee salary reference

Occupation

Occupation industry

Work tel number

NB: If client is self-employed, they must confirm this by submitting a sworn affidavit declaring the same.

DEPENDANTS DETAILS

First names and surnames	ID/Passport number	Date of birth	Gender	Relationship

DECLARATION

I, the undersigned, confirm that the information supplied on this form is to the best of my knowledge true and correct. I further acknowledge that the Underwriter and the authorised representatives accept no responsibility or liability for the accuracy of the information provided by myself.

I authorise the Underwriter, their authorised representatives and contracted third parties (local and foreign), as well as any registered and appointed intermediaries to process my personal information as permitted by law.

Policyholder's Full name and Surname

Policyholder Signature

Date Y Y Y Y M M D D

LIBERTY LIFE NAMIBIA LIMITED – Reg. No. 2003/639
Maerua Office Park, 5th Floor, Office 5001, Jan Jonker Road
Windhoek, Namibia
P.O. Box23001, Windhoek
t +264 61 294 2343 f +264 61 294 2441

SELF-CERTIFICATION DECLARATION FOR AN INDIVIDUAL

- This form is used to declare whether an individual/ natural person is either a citizen or resident of a foreign country
- This form must be completed and signed by the policyholder (Owner)

The requirement to collect this information is part of Liberty Life Namibia Limited's obligation to comply with the U.S. Foreign Account Tax Compliance Act (FATCA). We require you to provide us with this tax information where applicable and will keep a record of such information but will only disclose this information to the relevant tax authorities if and when required to under FATCA.

FOREIGN IDENTIFICATION DOCUMENTS DETAILS

Please provide details of your foreign identification documents below

Country of nationality/citizenship	Document Type (e.g.ID /Passport number)	Document Number	Document expiry date (if applicable)

TAX RESIDENCY DETAILS

Country of tax residency	Tax reference / ID number

DECLARATION

I agree to provide all documentation and information required in terms of the Liberty business rules. I also confirm that the information supplied on this form is true and correct. I have read, understood and acknowledge that I am bound by the contents of this form. I acknowledge that the Underwriter and the authorised representatives accept no responsibility or liability for the accuracy of the information provided by myself.

I authorise the Underwriter, their authorised representatives and contracted third parties (local and foreign), as well as any registered and appointed intermediaries to process my personal information as permitted by law.

I acknowledge and accept that the information contained in this form and information about the policyholder/investor may be provided to the local Revenue Authority. Further, that the local Revenue Authority may also exchange the information with the tax authorities of another country in which the policyholder/investor may be a tax resident.

Policyholder's Full name and Surname

Policyholder Signature Date Y Y Y Y M M D D

LIBERTY LIFE NAMIBIA LIMITED – Reg. No. 2003/639
Maerua Office Park, 5th Floor, Office 5001, Jan Jonker Road
Windhoek, Namibia
P.O. Box23001, Windhoek
t +264 61 294 2343 f +264 61 294 2441