

Checklist & Application guidelines:

Salary- Backed Agri-loan Application 2025

1. Administration Fee:

Non-Refundable Administration Fee:

Application Type	N\$
Salary-Backed Agri-loan	150

2. Important notice:

Please note that no other fees other than the ones listed above should be paid throughout the process of your application, kindly report any deviation from the fees listed above through our website: <https://agribank.com.na/page/blow-the-whistle> or email: sales@agribank.com.na or call: 061 207 4356

3. Required Documents:

The documentation listed must accompany the application. Please note that incomplete applications will not be accepted.

PERSONAL

1	Completed Application form	
2	Namibian certified Identity copy or citizenship certificate	
3	Certified copy of Marriage certificate (Spouse ID copy if married COP, ANC if OCOP or Divorce Order)	
4	An antenuptial contract (if married out of community of property)	
5	An affidavit if ANC is not registered in the Deeds Office or if married outside Namibia	

6	If Divorced (Copy of Final Divorce Order)	
7	Completed FIA compliance KYC form (s)	
8	Enhanced Due Diligence Form (only if the applicant (s) is/are Politically Exposed Person - PEP)	
9	Latest six (6) months Bank Account Statements	
10	Signed authorization letters to commercial bank	
11	Copies of most recent salary slips of applicant (s) for the past 3 months.	
12	Employment Confirmation Letter.	
13	Irrevocable Monthly Payroll Deduction Stop Order FORM DOA 001/25	
14	Credit Life Insurance see FORM CLP-H001/2025	
15	Holistic Consent Form see FORM AR001/25	

GENERAL

1	Business plan (if a farming activity is poultry/crop/piggery or intensive livestock, etc.)	
2	Brand Mark Number/ Sock Card (Fan Meat Card)	
3	Herd Statement (From Meat Board/ Veterinary Office)	
4	Quotations of items to be financed (Vehicles, Livestock /Tractors/Infrastructure etc.)	
5	Herd Statement of Seller/Breeder (if Breeder's information form is being used as a quotation)	
6	Land Right Certificate or a Letter from the Traditional Authority confirming farming rights	
7	Water Right Certificate, if applicable	
8	Offtake Agreements/letters of intent for poultry/piggery/crop farming activities	
9	Proof of assets as per entries in the assets and liabilities addendum (attached)	

SECURITY (OWN)

1	Copy of the Title Deed of the property offered	
2	Signed authorization letters to the municipality	
4	Approved building plans of the property offered	

5	House fire insurance cover of the property offered (Term Sheet entry: If not available can be submitted within 14 days from date of approval)	
6	Consent to register subsequent bonds from first bondholders of the property offered (if mortgaged) (Term Sheet entry: If not available can be submitted within 14 days from date of approval)	
7	Loan Statement of the mortgage loan for the property offered as a security	

THIRD-PARTY ADDITIONAL DOCUMENTS

1	Namibian certified Identity copy of Suretor	
2	Sworn Declaration signed by Suretor	
3	Statement of Assets and Liabilities	
4	If PEP/PIP, complete enhanced EDD form.	

CASHFLOWS

1	Annual Financial statement for 3 years (if registered as a business)	
2	Proof of registered milk quota (Namibia Dairies) (where applicable)	
3	Business plan/Income statement (for game farming, lodges etc.)	
4	Farming expenses	

APPLICATION PACK COMPLETENESS DECLARATION:

I..... have scrutinized the application form and confirm that all relevant documentation as ticked off above has been obtained to entertain the application.

SALES CONSULTANT NAME:

BRANCH MANAGER NAME:

.....

.....

SIGNATURE:

SIGNATURE:

.....

.....

DATE:

DATE:

.....

.....

SALARY-BACKED AGRILOANS CREDIT APPLICATION FORM

1 PERSONAL DETAILS (mark with an X where applicable)					
Surname:			First name(s):		
Identity number:			Date of birth:		
Citizenship:			Residential address:		
Postal address:					
Occupation:			OWNER:		TENANT:
Tel (home):		Tel (work):		Cell:	
E-mail:					
Marital status:	SINGLE	MARRIED in community of property <input type="checkbox"/>			DIVORCED
		out of community of property <input type="checkbox"/>			WIDOW(ER)
Sex:	MALE	FEMALE			
Number of dependants:					

DETAILS OF SPOUSE (IF APPLICABLE)		
Full name:		
Maiden name:		
Date of birth:		Postal address:
Identity number:		Telephone: Cell:
Telephone:	Cell:	Relationship:
Signature of spouse		

2. EMPLOYMENT DETAILS (APPLICANT)

Name of Employer:		Postal Address:	
Physical Address:		Telephone:	
Fax:			
Current Position:		Gross Salary Per Month: N\$	
Payroll No. (if applicable):			
Length of Service:		If less than three months, state name of previous employer:	
Are you permanently employed?		YES <input type="checkbox"/> NO <input type="checkbox"/> If no, state length of employment contract:	

3 EMPLOYMENT DETAILS (SPOUSE)

Name of Employer:		Postal Address:	
Physical Address:		Telephone:	
Fax:			
Current Position:		Gross Salary Per Month: N\$	
Payroll No. (if applicable):			
Length of Service:		If less than three months, state name of previous employer:	
Are you permanently employed?		YES <input type="checkbox"/> NO <input type="checkbox"/> If no, state length of employment contract:	

4 DETAILS OF REQUIRED LOAN

Credit Amount Applied for (N\$):	Repayable Over:	12	24	36	48	54	60
Purpose for Which Credit is Required:							
1.							
2.							
3.							
4.							

SOLVENCY STATUS

Insolvent:	YES	NO	Under Legal Administration:	YES	NO
Garnishee Order:				YES	NO

5. FOR OFFICIAL USE ONLY

(Branch level)

BP Number:	
Loan Number:	
Full Name:	
Loan Amount N\$:	
Loan Installment N\$:	

6. DECLARATION BY APPLICANT

I,

.....

.....Hereby Declare That
The Information Provided In This Application Form Is True And That Any
Incorrect Declaration Empowers Agribank Not To Consider My Application.

Signed At On
This..... Day Of..... 20.....

.....

Applicant

.....

Spouse (If Married In Community Of Property)

ANNEXURE B- STATEMENT OF ASSETS AND LIABILITIES & INCOME AND EXPENDITURE

Full Name _____

ID Number _____

Address _____

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Full Names of Spouse (if married in community of property)

Spouse's Present Occupation

Type of investment/share	Held Where	Market value
		N\$
		N\$
		N\$
		N\$

ASSETS

FIXED PROPERTY					
TOWN	SUBURB	ERF NO.	REGION	BONDHOLDER	N\$ ONLY Market value
					N\$
					N\$
					N\$
MOVABLE ASSETS (Livestock, Furniture, Vehicles etc.)					Market value
					N\$
					N\$
					N\$
					N\$
					N\$
					N\$
INVESTMENTS/SHARES (Relevant Financial statements to be attached)					

BANK USE ONLY	
Date confirmed	Bank value

BANK DETAILS		
Account Number	Financial institution	Balance
		N\$
		N\$
		N\$
		N\$

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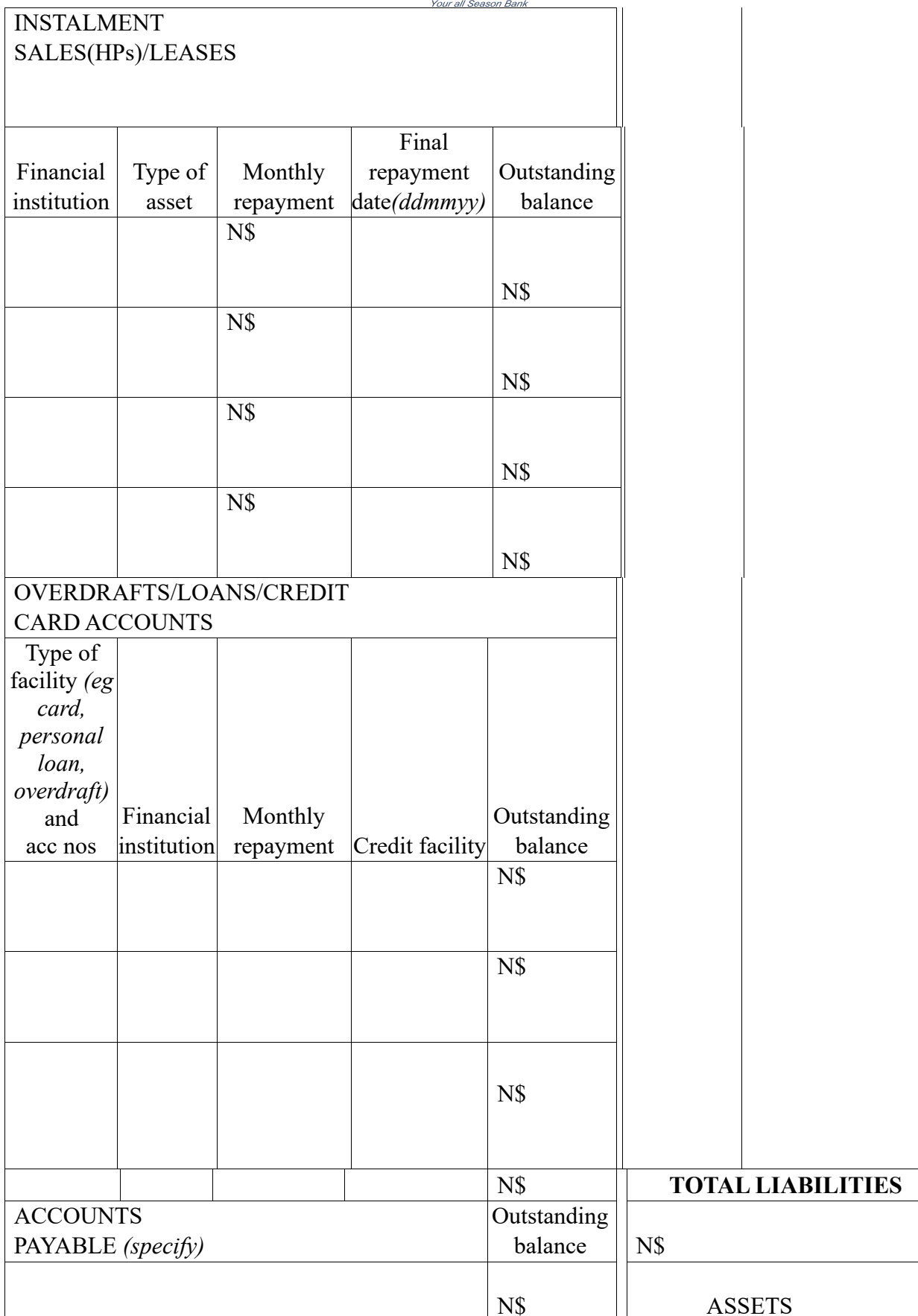
INSURANCE POLICIES

Assurance company	Cover (eg life OR Short Term Insurance policy no)	Amount of cover	Maturity date (ddmm/yyyy)	Surrender value
		N\$		N\$
		N\$		N\$
		N\$		N\$

TOTAL ASSETS	
N\$	

LIABILITIES

FIXED PROPERTY						BANK USE ONLY	
						Date Confirmed	Bank Value
Suburb		ERF number	Bondholder/ Seller	Monthly repayment	N\$ ONLY Outstanding balance		
				N\$	N\$		
				N\$	N\$		
Bonds				N\$	N\$		
				N\$	N\$		
Owing on deed of sale				N\$	N\$		
				N\$	N\$		



	N\$	
	N\$	N\$
	N\$	LIABILITIES
CONTINGENT LIABILITIES (eg guarantees, s suretyships, notarial bonds)	Outstanding balance	N\$
	N\$	SURPLUS/DEFICIT
	N\$	
	N\$	N\$

INCOME AND EXPENDITURE (6 MONTHS BANK STATEMENT TO BE ATTACHED)

INCOME (PER MONTH)

	INCOME	DEDUCTIONS	NET INCOME
Gross basic salary (including bonus)	N\$		
Fringe benefits (<i>details</i>)	N\$		
	N\$		
	N\$		
Total income	N\$		
Less deductions (pension fund, tax, etc)		N\$	
Net salary			N\$
	N\$		
Spouse's gross salary		N\$	
Less deductions (pension fund, tax, etc)			N\$
Spouse's salary (Net)			N\$
Other income (<i>specify</i>) (<i>Net</i>)			
	TOTAL NET INCOME		N\$

EXPENDITURE

HOUSE	Bond	N\$
	Municipal	N\$
	Farming	N\$
	Domestic Wages	N\$
VEHICLES	Instalment/Lease	N\$
	Fuel and Maintenance	N\$
	Second vehicle (<i>if applicable</i>)	N\$
INSURANCE/ASSURANCE	House, car and life	N\$
OTHER INSTALMENTS	Timeshare, instalment credit, personal loans, etc	N\$
HOUSEKEEPING	Groceries	N\$
	Clothing	N\$
	Maintenance	N\$
	Education	N\$
	Entertainment	
	Other	
	TOTAL EXPENDITURE	



NET SURPLUS INCOME (PM)

I confirm that the above information is true and correct. I authorise the Bank to conduct any enquires necessary for assessment of my loan application.

BP number

Signature (Applicant) & Date

Signature (Spouse) & Date

CREDIT LIFE PROTECTION POLICY APPLICATION FORM

Incorporating disclosure in terms of the Long Term Insurance Act, 1998 (Act No. 5 of 1998)

Hollard**1. INSURED PERSON (the "Borrower") DETAILS**

Title:	<input type="text"/>	First Names:	<input type="text"/>
Surname:	<input type="text"/>		
Identity Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender:	<input type="text"/> <input type="text"/>
Residential Address:	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postal Address:	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home Telephone Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Cell Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Email Address:	<input type="text"/>		
Usual Doctor's Name:	<input type="text"/>		
Doctor's Telephone Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

2. POLICY DETAILS

Name of Credit Provider: Agricultural Bank of Namibia ("Agribank")

Name of Insurer: Hollard Life Namibia Limited ("Hollard"), Reg. No. 2008/0229

Policy

Commencement Date:

(Must be first of a month)

Initial Loan Amount:

N\$

Single Premium: N\$

Commission:

N\$ Term

of Insurance:

Months

(Original Loan Term)

Maximum of 54 months

incl VAT, is earned by
Agribank.**3. POLICY BENEFITS**

This Policy offers the comprehensive credit life insurance providing the following benefits: This Policy offers the comprehensive credit life insurance providing the following benefits:

Benefit	Description
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Death Benefit:	This benefit provides a payment equal to the Outstanding Liability in the event of an Insured Person covered by this benefit dying during the Period of Insurance.
Dread Disease Benefit:	This benefit provides a payment equal to the Outstanding Liability in the event of an Insured Person covered by this benefit suffering a Dread Disease as specified during the Period of Insurance. The dread diseases covered* are specified below.
Permanent Disability Benefit:	This benefit provides a payment equal to the Outstanding Liability in the event of an Insured Person covered by this benefit suffering Total and Permanent Disability during the Period of Insurance.
Temporary Disability Benefit:	This benefit provides a monthly payment equal to the Loan Instalment in the event of an Insured Person covered by this benefit suffering Total Temporary Disability during the Period of Insurance, up to a maximum period of 6 (six) months.
Loss of Income	This benefit provides a monthly payment equal to the Loan Instalment in the event of an Insured Person covered by this benefit suffering Loss of Income during the Period of Insurance for as long as the Loss of Income persists, up to a maximum period of 6 (six) months.

*** DREAD DISEASES COVERED**

The following Dread Diseases are covered as specifically defined in the Definitions section of this policy.

1. Heart attack
2. Stroke
3. Cancer
4. Coronary Artery Bypass Graft
5. Heart Valve Surgery
6. Renal Failure
7. Paralysis
8. Blindness
9. Major Organ Transplant
10. Coma
11. Major Burns
12. Loss of Limb

Please note that the first four diseases above are scaled based on the severity of the condition as specified in the table below.

DREAD DISEASE CLAIMS — CRITICAL ILLNESS DISCLOSURE GRID

Hollard agrees to pay the following percentage of the Outstanding Liability for the following Dread Diseases and severity levels:

Dread Disease Event	Severity Level Classification			
	A Most Severe	B Moderate Impairment	C Mild Impairment	D Almost Full Recovery
Heart Attack	100%	0%	0%	0%

Coronary Artery Bypass Graft	100%	100%	0%	0%
Stroke	100%	0%	0%	0%
Cancer	100%	0%	0%	0%

The benefits will terminate on the date of the Insured Person attaining the ages specified in the table below:

Benefit	Death	Permanent Disability	Temporary Disability	Dread Disease	Loss of Income
Cease Age	60	60	60	60	60

The Deferred Periods each benefit are specified applicable to in the table below:

Benefit	Death	Permanent Disability	Temporary Disability	Dread Disease	Loss of Income
Deferred Period	n/a	6 months	1 month	n/a	1 month

The Waiting Periods each benefit are specified in applicable to e the table below:

Benefit	Death	Permanent Disability	Temporary Disability	Dread Disease	Loss of Income
Waiting Period	0	0	3 months	0	3 months

Cover will remain in force for the duration of the Credit Agreement. However, if the Outstanding Liability is settled prior to the expiry of the Original Loan Term, a portion of the single premium (i.e. a Surrender Value) will be refunded to the Insured Person. The Surrender Value will be calculated as follows: $\text{Single Premium} \times \text{Unexpired term} / \text{Original term}$.

4. GROUP CREDIT LIFE INSURANCE – CONDITIONS AND CONFIRMATIONS

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

Please tick the appropriate section:

- 3.2 ☐ I acknowledge my rights and do not have any preference in terms of 3.1 above and hereby authorise Agribank to include me as a participant to the grouped individual credit life insurance Policy with an insurer of their choice, currently Hollard;
- 3.3 ☐ I also hereby authorise Agribank to add the single premium to my loan amount to cover the cost of participating in this grouped individual credit life insurance Policy;
- 3.4 I also hereby to cede all my rights and benefits under this group credit life insurance Policy to Agribank as security for the credit extended to me; and
- 3.5 All benefits will be paid in accordance with the terms and conditions of the Policy forming the basis of the grouped individual credit life insurance contract entered into between myself and Hollard. I also declare that becoming a participant to this insurance cover was 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.

5. DECLARATION

I hereby authorise Hollard to obtain information about me from any hospital, medical institution, medical doctor and/or any other person in order to assess any claims under this policy, and to make copies of such records. I further authorise and request any hospital, medical institution, medical doctor and/or any other person to give any information Hollard deems necessary to assess Hollard's insurance risks and claims under this policy.

I understand that it is essential for insurance companies to share insurance and claims information as well as credit information in order to enable the fair assessment of the insurance risks and to reduce the number of fraudulent claims. I agree to waive any right to privacy and consent to the disclosure by Hollard to any other insurance company of any insurance information provided by me, or on my behalf and I consent that such information may be verified against other sources or databases. I am aware that this consent clause will survive the Term of Insurance for whatever reason.

This policy is ceded to and is used as security in favour of the Credit Provider for the Credit Agreement granted to me by the Credit Provider and I am aware that all benefits in terms of this policy shall be paid to the Credit Provider. I hereby cede, assign and transfer my rights to the Death and Permanent Disability Benefits in terms of this Policy to the Credit Provider as security for the Outstanding Liability in terms of the Credit Agreement.

I hereby authorise the Credit Provider to pay the Single Premium, as stated above, on my behalf to Hollard.

The Borrower chooses, as his / her *domicillium* the address reflected in the application.

The Borrower submits to the non-exclusive jurisdiction of the Magistrate's court in Namibia which has jurisdiction over his person, in respect of all proceedings connected with this Policy.

This contract is subject to the terms and conditions as stipulated in the Policy kept by the Insurer.

I am aware that I may cancel this Policy in writing within 30 (thirty) days of taking out this insurance, provided that there has been no claim/right to claim in terms of this Policy. Furthermore, I am aware that the premium paid during this 30-(thirty-) day review period shall be refunded, subject to the deduction of the cost of any cover provided.

Agreement constitutes the whole agreement between the parties, and any amendments or additions must be in writing and signed by the parties.

Thus done and signed at _____ on this
_____ day of _____



_____ 20_____ and in the presence of

The Borrower

As Witness

For and on behalf of the Insurer

As Witness

SUMMARY



STANDARD TERMS AND CONDITIONS OF CREDIT LIFE INSURANCE

This is a summary. If you would like a copy of the full terms and conditions please contact your nearest Agribank branch or call 061 207 4200.

1. DEFINITIONS

In this Policy:

- 1.1 “Agribank” shall mean Agricultural Bank of Namibia, a State Owned Enterprise established by virtue of the Agricultural Bank of Namibia Act, 2003 (Act 5 of 2003) in the Republic of Namibia.

- 1.2 “Credit Agreement” shall mean the loan contract, which meets all the criteria for

Credit Agreements as set out in the Credit Agreements Act, 1980 (Act No. 75 of 1980) (as amended), which is entered into between Agribank and the Insured Person and to which this Policy relates as set out in Clause 1.

- 1.3 “Credit Provider” shall mean Agricultural Bank of Namibia.

- 1.4 “Employment” shall mean a position or job held by the Insured Person on a permanent basis for which he/she receives remuneration including contract work where the contract termination date is later than the end date of the Agreement.

- 1.5 “Hazardous Sports/Activities” include but are not limited to participation in the following sports on an income-earning basis or participating in the following sports more than once a month: aviation sports, paragliding, underwater

diving necessitating the use of an artificial breathing apparatus, hang-gliding, hunting, spear-fishing, rock-climbing or mountaineering necessitating the use of ropes and guides, micro-lighting, motor boat racing, motor racing, motor-cycle racing, sky diving/parachuting, target shooting, acrobatic flying, parasailing, go-carting, dragracing, rally driving, bungee jumping, winter sports involving snow or ice, or racing other than on foot.

- 1.6 “Hollard” shall mean Hollard Life Namibia Limited.

- 1.7 “Insured Person” shall mean the person who has been accepted as the Insured Person in terms of this Policy and is the principal debtor in terms of the Credit Agreement.

- 1.8 “Insurer” shall mean Hollard, a public company duly licensed and registered as an Insurer in the Republic of Namibia with Registration Number 2008/0229.

- 1.9 “Loss of Income” shall mean

- 1.9.1 For a Self-Employed Insured, suffering a total loss of income as a result of the involuntary liquidation or sequestration of their partnership, close corporation, company or family business, provided that this is the result of extra-ordinary factors that are beyond the control of

the Insured and which can be substantiated by books of account; or

- 1.9.2 For an employed Insured, being retrenched or made redundant by an employer during the term of the employment agreement due to new technology, reorganisation by the employer, liquidation of the employer or staff reductions as contemplated under the Labour Act, 2007 (as amended), and which prevents the Insured Person from earning an income from any occupation.

- 1.10 “Outstanding Liability” shall mean the amount of the outstanding balance due by the Insured Person to the Credit Provider in terms of the Credit Agreement, excluding any finance charges, any arrears falling due and any interest thereon.

- 1.11 “Period of Insurance” for a particular Credit Agreement means, subject to the receipt of premiums in advance, the period between the Policy Commencement Date and the date from which all benefits and premiums in respect of this Credit Agreement will cease to be payable.

- 1.12 “Policy Commencement Date” means the date from which an Insured Person is covered in terms of this policy for a particular Credit Agreement. It is equal to the later of

the first date of the month following receipt of the first premium due for cover in respect of that Credit Agreement and the commencement of the Credit Agreement as noted in the Application Form under Policy Benefit.

- 1.13 “Premium” shall mean the amount payable by the Insured Person to the Insurer in return for the cover granted in terms of this Policy.

- 1.14 “Self-Employed” means being in business of any kind as a sole proprietor or in a partnership, or as a member of a close corporation or as a shareholder of a private company where the membership or shareholding is a controlling membership or shareholding of the close corporation or the company. Self-employed shall also mean being employed in a business owned by a family member.

- 1.15 “Surrender Value” means a portion of the single premium that will be refunded to the Insured Person if the loan is settled prior to the expiry of the original loan term.

- 1.16 “Terrorist Activity” shall mean an act involving the use of violence and/or intimidation, or the threat or the preparation thereof, which appears to be intended to disrupt, coerce or influence a government or the public or a section of the public,

read together with the Prevention and Combating of Terrorist Activities Act, 2012 (Act No. 12 of 2012).

1.17 “Totally and Permanently Disabled” shall mean medically certified total disability as a result of illness, injury or disease and which cannot be cured or treated, and which prevents the Insured Person from earning an income by following his/her own occupation, or any other for which he/she is suited in terms of training, education and experience. An Insured Person shall also be deemed to have suffered total and permanent disability upon the loss or loss of use of both hands, both feet (or one of each) or both eyes. If the Insured Person was not permanently employed for a period of at least 6 (six) consecutive months before the onset of disability, total and permanent disability shall mean the loss or loss of use of both hands, both feet (or one of each) or both eyes.

1.18 “Totally Temporarily Disabled” shall mean medically certified total temporary disability as a result of illness, injury or disease, and which prevents the Insured Person from earning his/her normal income by following his/her own occupation. In the event of partial loss of income, the benefit payable shall be scaled down accordingly. The proportion of the benefit payable shall be equal to the proportion that the lost income bears to the Insured Person’s normal income.

2. CONDITIONS

2.1 Compliance with all the conditions of this Policy shall be a condition precedent to the enforcement of any benefits hereunder by the Insured Person.

2.2 Misrepresentation, mis-description or non-disclosure in any material respect upon application for this insurance shall render voidable the particular item of the policy affected by such misrepresentation, mis-description or non-disclosure.

2.3 If at the time of any event giving rise to a claim under this Policy, another insurance policy exists covering the Insured Person against the insured events, the Insurer shall be liable to make good only a rateable proportion of the amount payable by or to the Insured Person in respect of such event.

2.4 The Insured Person shall not be entitled by reason of the existence of this Policy, or having instituted action against the Insurer, to withhold any payment due to Agribank in respect of the Credit Agreement or to refuse to comply with any of its terms and conditions.

2.5 On the happening of any insured event which may result in a claim under this Policy, the Insured Person shall, at his/her own expense(s):

2.5.1 give notice thereof to Agribank as soon as reasonably possible, and provide particulars of any

- other insurance covering such events as are hereby insured; and
- 2.5.2 within 14 (fourteen) days after the happening of the insured event, submit to Agribank full details in writing of any claim.
- 2.6 A claim in respect of Loss of Income must be accompanied by a certificate issued by the Insured Person's previous employer in terms of the Basic Conditions of Labour Act, 2007 (Act No. 11 of 2007), as amended from time to time, a certified copy of the Insured's identification document and the latest monthly statement issued in terms of this Credit Agreement. Agribank shall be entitled to investigate the circumstances of the Insured Person's Loss of Income and in this regard to contact any employer.
- 2.7 No claim shall be payable after the expiry of 6 (six) months from the happening of any insured event unless the claim is the subject of pending legal action.
- 2.8 In the event of a claim being repudiated and legal action not being commenced within 6 (six) months after such repudiation, all benefits afforded under this Policy in respect of any such claim shall be forfeited.
- 2.9 Non-compliance with the notice periods in this Policy shall result in a forfeiture of the benefits in terms hereof.
- 2.10 All rights under this Policy which have already accrued shall cease in the event of cancellation of this Credit Agreement.
- 2.11 If any claim under this Policy is in any respect fraudulent or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf or with his/her knowledge or consent to obtain any benefit under this Policy, or if any insured event is occasioned by the wilful act or with the connivance of the Insured Person, the benefit afforded under this Policy in respect of any such claim shall be forfeited.
- 2.12 Unless otherwise provided, nothing in this Policy shall confer any rights upon any person other than the Insured Person.
- 2.13 The Insured Person may not cede, delegate or assign this Policy or any of his/her rights granted in terms of this Policy without written consent of the Insurer. Except as expressly set out in this Policy, no person or company other than the Credit Provider will be entitled to any rights, make any claim or any demand against the Insurer under this Policy.

SUMMARY STANDARD TERMS AND CONDITIONS OF CREDIT LIFE INSURANCE

2.14 Consent to Disclosure of Private Information

2.14.1 It is essential for insurance companies to share claims and underwriting information (as well as credit information) in order to enable the fair assessment and underwriting of risks and to reduce the number of fraudulent claims.

2.14.2 Insured Persons are required to waive any right to privacy and consent to the disclosure of any insurance information provided by them or on their behalf for any insurance policy or claim made or lodged by the Insured Persons or on their behalf and to agree to such information being disclosed to any other insurance company, whether on their behalf or on behalf of any person represented herein.

2.14.3 This consent clause will survive the Expiry of Insurance Cover for whatever reason, including the cancellation or lapsing thereof.

2.14.4 The information provided may be verified against other sources or databases.

3. LIMITATION OF BENEFITS

3.1 An Insured Person may not be covered in terms of this Policy where the total Outstanding Liability across that Insured Person's cover in respect of this Credit Agreement at any time exceeds N\$550,000 (five hundred and fifty thousand Namibian dollars).

3.2 An Insured Person may not be covered in terms of one or more Hollard Credit Life Protection Policies where the total sum insured across that Insured Person's cover in respect of all Credit Agreements at any time exceeds N\$550,000 (five hundred and fifty thousand Namibian dollars).

3.3 Hollard may increase these limits from time to time.

3.4 In the event that a claim is submitted where the limit as stated above has been breached, the amount payable by Hollard will be limited to the Outstanding Liability or Loan Instalment (as applicable) calculated assuming that the maximum aggregate Outstanding Liability was equal to the maximum benefit allowed. Hollard may refund a proportion of the premiums paid for cover above the maximum benefit.

- 3.5 Only one Credit Agreement shall be covered per Application Form. Should an Insured Person apply for a second loan, a new Application Form must be submitted for the new loan. In the event that this is not done and a claim is submitted, Hollard shall only be liable for the claim amount applicable to the original loan.
- 3.6 In the event that claims for more than one benefit are qualified for at the same time, only one such benefit will be payable at any time, being the benefit of maximum value.
- 3.7 An Insured Person's cover acquires a surrender value in line with the formula set out in the Application Form under Policy Benefit.
- 3.8 All benefit payments are subject to the verification of the validity of any claim.

The above limits apply to single, or multiple claim events, irrespective of whether these claim events are related to one another. Should these limits be breached in any given month, the claims in excess of these limits will be funded by the Credit Provider.

4. PRE-EXISTING CONDITIONS EXCLUSION – ALL BENEFITS

- 4.1 No claim will be payable during the 12 (twelve) month period after the commencement of insurance or date of reinstatement where the Insured Person suffered from any condition (i.e. any medical condition, physical defect, illness, bodily injury or disability) of which the Insured

Person was aware or ought reasonably to have been aware and for which the Insured Person received treatment or consulted a medical professional in the 12 (twelve) month period prior to the commencement of insurance or date of reinstatement where the claim event was caused directly or indirectly by the pre-existing condition.

4.2 Pre-existing conditions include:

- 4.2.1 any form of heart disease or heart attack, high blood pressure or high cholesterol;
- 4.2.2 any form of cancer;
- 4.2.3 any form of stroke;
- 4.2.4 any form of kidney disease;
- 4.2.5 any form of pneumonia, asthma, tuberculosis or lung ailment;
- 4.2.6 any form of diabetes;
- 4.2.7 any form of depression, epilepsy or fit;
- 4.2.8 any form of disability (including back-ailment, hip, knee or shoulder problem);
- 4.2.9 any disease or condition which requires chronic medication usage; and
- 4.2.10 any disease or condition which required medical treatment because a special investigation, such as a scan or an X-ray, showed abnormal results.

5. **OTHER EXCLUSIONS – ALL BENEFITS**

Hollard will not be liable to pay any benefit if any claim arises directly or indirectly from or is traceable to:

- 5.1 self-inflicted injuries or illness, suicide or attempted suicide; or
- 5.2 an Insured Person engaging in:
 - 5.2.1 a Terrorist Activity; or
 - 5.2.2 labour disturbances, riot, strike or lock-out; or
 - 5.2.3 Hazardous Sports / Activities more than once a month or on an income earning basis; or
 - 5.2.4 war, invasion, acts of foreign enemy, hostilities, rebellion, revolution, insurrection or military or usurped power, or by ionising radiations or contamination by radioactivity from a nuclear fuel or waste; or
- 5.3 an Insured Person driving any type of vehicle when he/she had a blood alcohol content that exceeded the legal limit allowed for driving by the laws of the country where the Accident occurred; or
- 5.4 the use of drugs by an Insured Person, unless it is proved that the drug was used in accordance with proper medical prescription and not for the treatment of a drug addiction; or

- 5.5 an Insured Person refusing medical treatment recommended by a Medical Practitioner.

6. **ADDITIONAL EXCLUSIONS – DISABILITY BENEFITS**

For the Disability Benefits, in addition to the exclusions above, Hollard will not be liable to pay any Disability Benefit if an Insured Person was not permanently employed or earning an income for a period of at least 6 (six) consecutive months before the onset of disability.

7. **ADDITIONAL EXCLUSIONS – LOSS OF INCOME BENEFIT**

For the Loss of Income Benefit, in addition to the exclusions above, Hollard will not be liable to pay a Loss of Income Benefit if any of the following applies:

- 7.1 Hollard shall not be obliged to make any payment in respect of loss of income occasioned, accelerated or affected directly or indirectly from or traceable to:
 - 7.1.1 The Insured Person resigned, retired or accepted voluntary retrenchment or redundancy;
 - 7.1.2 The Insured Person was aware at the Commencement of Insurance or had reasonable grounds for believing that he/she would become Unemployed during the Period of Insurance;

- 7.1.3 The Insured Person lost his/her job due to theft, fraud, dishonesty or any misconduct on his/her part, or received in the 6 (six) months prior to the Commencement of Insurance one or more verbal or written reprimands which constituted part of his/her employer's disciplinary procedures;
- 7.1.4 The Insured Person's income reduced due to maternity leave;
- 7.2 The Insured Person had not been employed on a full time permanent basis for at least 6 (six) consecutive months, at the same employer, at the time he/she was Unemployed;
- 7.3 If the Insured Person was Self-Employed and became unemployed other than that due to the involuntary liquidation or sequestration of their partnership, close corporation, company or family business, or where the liquidation or sequestration is not the result of extra-ordinary factors beyond the control of the Insured Person;
- 7.4 The Insured Person undertook seasonal work, or where unemployment is a regular feature of his/her work;
- 7.5 The Insured Person's unemployment was:
 - 7.5.1 caused by an unlawful strike, labour dispute or industrial action whether the Insured Person was participating or not;
 - 7.5.2 due to, illness or injury;
 - 7.5.3 due to the expiry of the fixed term of a renewable contract of employment;
 - 7.5.4 caused by any lawfully constituted authority nationalising, confiscating or commandeering the assets of his/her employer.
- 7.6 The Insured Person is a pensioner.



Know your client

questionnaire *Natural persons*—AB /KYC 01

This form must be completed by natural persons who enter into a relationship with the Agricultural Bank of Namibia. This includes natural persons associated with entities such as Companies, Close corporations, Trusts and Partnerships and all individuals acting on behalf of an entity



Know your client questionnaire

Natural persons

This form must be completed by natural persons who enter into a relationship with the Agricultural Bank of Namibia. This includes natural persons associated with entities such as Companies, Close corporations, Trusts and Partnerships and all individuals acting on behalf of an entity

BRANCH: Date:

Loan Account No(s): BP No:

Client Personal Details

Full Name(s): (Previous name, if any)

Type of Identity Document: ID/Passport No:

Nationality: Date of Birth in cases of Minors:

Marital Status:	Married	Single	Widow/er	Divorced
In Community of Property	Married out of community of property (ANC)		ANC with Accrual	Other Specify

Contact numbers and addresses

Residential Address:

Postal Address:

Email Address: Cell:

Employment Details

Occupation:

If Self Employed, state in what line of business:

Employer:

Work Tel: Monthly Income (N\$):

Is the client a Prominent Influential Person/Foreigner? **If yes, complete the EDD form.**

Mode of Instalment Payment: (e.g. EFT Transfers; Salary deduction e.t.c)

Expected Foreign Transactions: (e.g. from who (relationship) and from which country)

Sources of Income: (e.g. salary/farming income/pension payout/inheritance etc.)

State sources of income and where they originate from: **Must be completed**

Client's Banking Accounts:

Financial Institution: Branch:

Account No: Account Type:

Next of Kin:

Name: Relationship: Cell:

Name of Client:

Signature **Date:**

I agree that the Bank may perform a credit search on my credit profile and share my personal information with any registered credit reference agency to confirm any / all the information provided by me and to assess my application	YES / NO
I confirm that all information that has been given to the Bank is correct and complete	YES / NO

Name of Sales Consultant:

Signature **Date:**

Know your client questionnaire *Juristic Persons*

This form must be completed by individuals who enter into a relationship with Agribank of Namibia. This includes individuals associated with entities such as Company directors, Close corporation members, Trustees, Partners and all individuals acting on behalf of an entity.

Company		Partnership	
Close corporation		Trust	
Other legal persons (Please specify)			

Registration Name:.....

Registration Number:.....Country Issued:.....

Nature of Business:.....

Income Tax Number:.....VAT Registration Number:.....

Date of Incorporation:.....

Registered (Physical) Address:.....

Postal Address:.....

Business Address (If different from registered address):
.....

Business Tel:.....Business Fax:.....

E-mail Address:.....

Beneficial ownership (No. of shareholders, members, partners or trustees/ % of shares or interest)
.....

Particulars of Beneficial Owners (Indicate Full Names and identification numbers):
.....
.....
.....

Are any of the Members/Directors Prominent and Influential/ Foreigner?If yes complete the EDD form.

FOR OFFICIAL USE: Select relevant document

Deed of Trust/IDs of Trustees		Certificate of Good standing from Finance	
Trust Certificate		Partnership Agreement	
Founding Statement/ Members IDs		Memorandum of Associations & IDs of Directors	
Certificate of Incorporation			

Name of representative:..... **Signature :**

Date:.....

Name of Sales Consultant:..... **Signature:**.....

Date:.....

DEBIT ORDER AUTHORISATION

The debit order will only be activated when the payroll deduction has been terminated by the Employer.

Details of my/our applicable account are as follows:

Account name	Bank
Account number	Branch
Type of account	Branch code
Debit order deduction date	

Please attach bank statement.

- I the undersigned hereby irrevocably authorise Agribank to levy debits in rem suam against my bank account mentioned above at the above-named bank in respect of all amounts which are now or may from time to time in the future be due and payable by me in terms of all agreements already entered into or still to be entered into by the company in terms of which it is or will be the debtor and Agribank is at present or will in the future be legal holder, whether as lender or cessionary.
- I hereby likewise authorise the above-named bank to accept all debits levied by Agribank in terms of this authorisation and to debit the above-mentioned account and to regard such debits as if given and signed by me personally.
- I undertake to pay any costs, which may result from this debit order instruction.
- This debit order will remain in force until full settlement of the credit amount is made with Agribank.
- I hereby indemnify the lender against any interest, costs or other damages arising from refusal by our bank to accept a debit levied in terms of this instruction.

Thus done and signed at on this
..... day of 20.....

.....

.....

Authorising Signature

Assisted by (where legally required)

1. AUTHORIZATION REQUEST

Reference:.....

Date:.....

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

I/We, the undersigned,

ID No:Namibian citizen, residing at Erf No.

....., Tel No, (.....)

I/We hereby authorize you to disclose to the Agricultural Bank of any information, which may be required concerning my/our affiliation with you in respect of the following:

1. Pertaining to my/our banking account(s) ATT: Bank Manager

1

Bank Name:

.....

Bank Account Number:

.....

2

Bank Name:

.....

Bank Account Number:

.....

3

Bank Name:

.....

Bank Account Number:

.....

Kindly furnish Agribank officials with any information which they require to effectively assess my application.

2. AUTHORIZATION REQUEST

Reference:.....

Date:.....

TO WHOM IT MAY CONCERN

Dear Sir/Madam

I/We, the undersigned,

ID No:Namibian citizen, residing at Erf No.

....., Tel No, (.....)

I/We hereby authorize you to disclose to the Agricultural Bank of any information, which may be required concerning my/our affiliation with you in respect of the following:

2. Pertaining to my/our livestock ATT: The Directorate of Veterinary Service

Brand Stock/Card 1

Brand Stock/Card 2

Brand Stock/Card 3

Fan Meat Card

Fan Meat Card

Fan Meat Card

.....

.....

.....

Kindly furnish Agribank officials with any information which they require to effectively assess my application.

3. AUTHORIZATION REQUEST



Reference:.....

Date:.....

TO WHOM IT MAY CONCERN

Dear Sir/Madam

I/We, the undersigned,

ID No:Namibian citizen, residing at Erf No.

....., Tel No, (.....)

I/We hereby authorize you to disclose to the Agricultural Bank of any information, which may be required concerning my/our affiliation with you in respect of the following:

Pertaining to the scope of the requisite due diligence Agribank will take on, I hereby grant

Agribank my consent to:

- Conduct ITC checks on me/us
- Source information from the municipality and any other institution I may have an affiliation
- Use any means the Bank deems fit to source information pertaining to my application including but not limited to communication via email, telephonically and fax.

This authorization (pertaining to Points 1 to 3) remains valid until cancelled by me in writing.

Yours faithfully,

Applicant 1

Name:

.....

ID Number:

.....

Signature:

.....

Date:

.....

Applicant 2

(only if there is more than one applicant)

Name:

.....

ID Number:

.....

Signature:

.....

Date:

.....

Applicant 3

(only if there is more than one applicant)

Name:

.....

ID Number:

.....

Signature:

.....

Date:

.....

TERM SHEET

Pertaining to the loan of

Applicant(s)' (name(s)).....

Loan number(s).....

Outcome: Approved subject to fulfillment of the below terms and conditions within 30 days
from the date below:

Approval Date:

Approval committee:

		Due date
1	House fire insurance cover of the property offered	
2	Consent to register subsequent bonds from first bondholders of the property offered (if mortgaged)	
3		
4		
5		
6		
7		

8		
9		
10		

.....
Credit Analyst

.....
Credit Manager

.....
Branch Manager

.....
Date

.....
Date

.....
Date

Applicant(s)' commitment to fulfilling terms and conditions within due date:

1

2

3

.....
Name

.....
Name

.....
Name

.....
Signature

.....
Signature

.....
Signature