



ERF RE/439, Cnr HOSEA KUTAKO DRIVE & ADLER STREET | Windhoek West, Windhoek | PO Box 9147 Eros
Tel: 061-448800 Vat Reg: 7769618-01-5 Company Reg: 2017/0227

Package: ☐ Individual N\$ 105 ☐ Family N\$ 315

Source: ☐ Agent ☐ IG/FB ☐ Radio ☐ Referral

Agent Code:

Event:

Reservation number:

PERSONAL DETAILS

Title: Prof/Mr/ Mrs/Ms/Dr/rev

Gender:

For office use only

Member number:

Surname:

First Name/s:

Postal Address:

Physical Address:

Date of Birth: ID/Passport No.:

Nationality:

Tel Home: Tel Work:

Cell: Email:

SPOUSE INFORMATION

Marital Status:

Spouse full Names:

Cell Number:

Spouse ID/Passport Number:

Email:

DEPENDANTS

Number of Dependants:

Names of dependants: 1)

2)

3)

4)

5)

EMPLOYMENT AND QUALIFICATION (GOV & SCHEME)

Employee no: Employers Name:

Occupation: Gross Annual Income:

Employment period: Job Qualification:

BANK ACCOUNT INFORMATION

Bank:

Type: ☐ Cheque ☐ Savings

Account Holder:

Account No:

Branch Name:

Branch Code:

Pay Day: day of the month

Debit Order Authorisation Signature:

SIGNATURES

Thus done and signed at on this day of 20

The applicant

As Witness

Next of kin Contact number

Attachments: ☐ Payslip ☐ ID/Passport ☐ Bank statement/confirmation ☐ Other

Note: It is the responsibility of the policy holder to familiarise themselves with Lexna Insurance Ltd terms and conditions for legal coverage.

Prior events (old matters) not included in coverage

Find link to Terms & Conditions: <https://lexna.com.na/storage/2025/05/Final-2025-Terms-Conditions.pdf>

PAYMENT INSTRUCTION / DEBIT MANDATE

A. This is my/our instruction to my bank to make payment as stated below and my/our bank can debit my/our bank account.

I/We hereby authorize you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 1 (one) ordinary business days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions authorized to be issued, must be issued and delivered as follows: monthly

In the event that the payment day falls on a Sunday, or recognized public holiday in the Republic of Namibia, the payment day will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds in my/our account to meet the obligation, you are entitled to re-represent the instruction for payment to my account for a period of 4 days (FOUR DAYS).

Due to the customary early payment of salaries in December, I hereby authorize you to present my December payment instructions earlier, aligned with my salary payment date. Furthermore, if there are insufficient funds in my/our account to meet the December obligation, you are entitled to re-present the instruction to my/our account for payment as soon as sufficient funds are available for a period of 4 days (FOUR DAYS).

I/We understand that the payments hereby authorized will be processed through a computerized system provided by the Namibian Banks. I/We also understand that details of each payment will be printed on my/our bank statement. 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. This number must be added to this form before the issuing of any payment instruction.

B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

C. Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have collected while this Authority was in force, if such amounts were legally owing to you.

D. Assignment

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such cession or assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

E. Declaration

I/We hereby declare as follows:

- I/We have the necessary authority to sign this Mandate Authority.
- The information herein provided to you is true, correct and complete. The information shown above is correct.
- I/We agree to be bound by signing this Mandate Authority.

Signed at _____ on this _____ day of _____ 20 ____.

(Signature as used for operating on the account)