



New Loans Application for Individuals

GENERAL INFORMATION

Please make sure you have read and understood the following information before completing the application. **Complete all sections.** Incomplete applications will not be processed. The application must be submitted on this form. No faxes and or Emails will be accepted.

Select the key parameters below

Group Type

Individual Company

Type of Farmer

Type of Loan

Application Date



Select your Purpose of Loan

| Purpose | Loan Amount |
|---------|-------------|
| | |
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DIRECTORS:

Mr Michael Iyambo (**Chairperson**), Ms Dagmar Honsbein (**Deputy Chairperson**), Dr Michael Humavindu (**Member**),
Mr Phanuel Kaapama (**Member**), Ms Peyavali Hangula (**Member**)



Primary Applicant

| | | | |
|----------------------|-----------------------------------|--|--------------------------------------|
| Salutation | First Name | Middle Name | Surname |
| <input type="text"/> | <input type="text" value="Name"/> | <input type="text" value="Middle Name"/> | <input type="text" value="Surname"/> |

| | | |
|--|----------------------|-------------------------------|
| ID Number | Gender | Birthday |
| <input type="text" value="Enter ID Number"/> | <input type="text"/> | <input type="text" value=""/> |

Marital Status

Secondary Applicant (Spouse/Partner/Associate)

| | | | |
|-------------------------------|-----------------------------------|--|--------------------------------------|
| Salutation | First Name | Middle Name | Surname |
| <input type="text" value=""/> | <input type="text" value="Name"/> | <input type="text" value="Middle Name"/> | <input type="text" value="Surname"/> |

| | | |
|--|-------------------------------|-------------------------------|
| ID Number | Gender | Birthday |
| <input type="text" value="Enter ID Number"/> | <input type="text" value=""/> | <input type="text" value=""/> |

Next of KIN (Not Living with You)

| | |
|---|----------------------|
| KIN Relationship | KIN Email |
| <input type="text" value="What relationship does the KIN have to the Client?"/> | <input type="text"/> |

| | |
|---|--|
| KIN Full Name | KIN Mobile |
| <input type="text" value="Name Surname"/> | <input type="text" value="KIN Mobile Number"/> |

| | |
|-------------------------------------|--|
| KIN Postal Address | KIN Residential Address |
| <input type="text" value="PO Box"/> | <input type="text" value="Street Name"/> |

Primary Contact Information

| | | |
|---|---|---|
| Email | Mobile | Website |
| <input type="text" value="The Client Email"/> | <input type="text" value="Client Mobile Number"/> | <input type="text" value="Client Website"/> |

Fax

Communication Preference

NAMPOST EMAIL PHONE SMS WHATSAPP

What is the primary method of communication Agribank can use to communicate with you?

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Postal Address

PO Box

Postal Town

Postal Country

Postal Code

Physical Address

Physical Address is on a Farm

Street Name

Street No

Resident Suburb

Resident Town

Resident District

Resident Region

Resident Country

Farm Name

Farm No

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Personal Profile

Occupation

Annual Salaried Income

Level of Education

Primary Education Secondary Education Tertiary Education

Marital Status

Married with ANC Married COP Divorced Single Widowed Married by Proc.15 of 1928 Other

Employment Status

Employed Full-time Employed on Contract Self Employed

Farming Profile

Farming Focus

Full-time Part-time

Farming Segment

Commercial Communal Resettled

Primary Farming Activity

Cattle Small Stock Agronomy Horticulture Dairy Poultry Mixed Other

Annual Farming Income - (Primary Farming Activity)

Primary Farming Activity

Cattle Small Stock Agronomy Horticulture Dairy Poultry Hunting Charcoal Mixed Other

Annual Farming Income - (Secondary Farming Activity)

Labourer Profile

of Full Time Labourers (Current)

of Seasonal Labourers (Current)

After implementing your Reset Plan...

of Full Time Labourers (Plan)

of Seasonal Labourers (Plan)

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Primary Applicant - Employment Details

Employer Name

Employer

Employee Number

Employee Number

Employer Phone

Employer Fax

Employer Postal Address

PO Box

Employer Physical Address

Street Name

Secondary Applicant (Spouse) - Employment Details

Employer Name

Employer

Employer Phone

Employer Fax

Employer Postal Address

PO Box

Employer Physical Address

Street Name

KYC01 Information - Individual

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.

Required Documents

- Signed KYC01 Form
- Copy of ID
- Copy of Marriage Certificate

Enhanced Due Diligence Form

If you are a Political Exposed Person or a Foreigner, please complete an Enhanced Due Diligence Form.

Agribank KYC Forms

You can download the Agribank KYC Forms on the following URLs:

- KYC01 form for **Individuals** - https://myagribank.com/KYC_Individual
- KYC01 form for **Legal Entities** - https://myagribank.com/KYC_Company
- Enhanced Due Diligence (EDD) form - <https://myagribank.com/EDD>

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Primary Banking Details

Bank Name

Banking Country

Account Holder Name

Account Name

Branch Code

IBAN

Account No

Provide the details of your primary contact at your current bank below.

Bank Manager Name

Bank Manager Phone

Bank Manager Email

Banking Details - Spouse

Bank Name

Banking Country

Account Holder Name

Account Name

Branch Code

IBAN

Account No

Provide the details of your primary contact at your current bank below.

Bank Manager Name

Bank Manager Phone

Bank Manager Email

Additional Financial Information - Individuals

You are required to submit:

- 6 Months of financial statements of your business.
- Complete Statement of Assets & Liabilities and Income & Expenditure Form. This can be downloaded from the following URL: https://myagribank.com/KYC_Company

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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.


The Bank is authorised to do a Credit Bureau enquiry if necessary in order to evaluate this application. In addition, I hereby give the Bank authorisation to obtain information from commercial banks & the local municipality.

SIGNED at..... on this day of 20.....

Authorised Applicant Signature



Authorised Co-Applicant Signature



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