

### New Women & Youth Loans Application for Individuals

# 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 Type of Farmer Type of Loan Application Date Woman & Youth

### Select your Purpose of Loan

Purpose	Loan Amount



e *	First Name *		Middle Name	Surname *	+
	Name		Middle Name	Surnam	e
Number *		Gender *		Birthday *	
nter ID Numbe	er			•]	<b>#</b>
rital Status *			Nationality		
elect Status			✓ Namibian ○	Other	
Secondary	Applicant (Spouse	/Partner/Associate	e)		
Salutation	First Name		Middle Name	Surname	
•	Name		Middle Name	Surnan	ne
ID Number		Gender		Birthday	
Enter ID Nu					
Next of '''	*I (Not Living with	You)	Dependents	•	
Next of '''	*I (Not Living with		Dependents  - 0 +		
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# **Primary Contact Information**

Email	Mobile	Website	
The Client Email	Client Mobile Number	Client Website	
Fax			
Communication Preference			
NAMPOST EMAIL PHONE SMS	WHATSAPP		
What is the primary method of communication Agr	ibank can use to communicate with you?		
Postal Address			
PO Box			
PO Box Number			
Postal Town			
Town			
Postal Country			
Country			
Postal Code			
Postal Code			
Physical Address			
Physical Address is on a Farm			
Street Name	Street No		
Street Name	No		
Resident Suburb			
Suburb			
Resident Town			
nwc			
Resident District			
District			
Resident Region			
Region			
Resident Country  Country			



Farm Name		Farm No			
Personal Profile					
Occupation		Employment Status			
Current Occupation			•		
Level of Education	Level of Education		Annual Salaried Income		
Primary Education		Client's Annual Salary			
Secondary Education					
Tertiary Education					
Farming Profile					
Farm Name		Farm No			
Registered Farm Name		Farm Number			
Farming Registration Division	District		Region		
Farming Mode		Farming Segment			
Select	~		~		
Primary Farming Activity		Annual Farming Income -			
Select	~				
Secondary Farming Activity		Annual Farming Income -			
Select					
Total Farming Income \$0,00					
Farm Employee(s) Profile					
# of Full Time Farm Employees (Current)		# of Seasonal Farm Employe	ees (Current)		
	After implementing	ng your Reset Plan			
# of Full Time Farming Employees (Plan)		# of Seasonal Farm Employe	ees (Plan)		
Enter #		Enter #			



# **Primary Applicant - Employment Details**

Employer Name		Employer Pho	ne Employer Fax
Employer			
Employer Postal Address		Employer Physical Address	
РО Вох		Street Name	
		10	
Secondary Applicant (	Spouse) - Employment Deta	ils	
Employer Name	Employer Phon	e	Employer Fax
Employer			
Employer Postal Address		Employer Physical Address	
РО Вох		Street Name	
		6	
Employer Name	Employee Number	Employer Phone	Employer Fax
Employer	Employee Number		



### **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

## **Banking Details**

Bank Name	Banking	Banking Country		
Bank	Count	ntry		
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		



# **Primary Banking Details**

Bank Name	k Name		Banking Country	
Bank		Country		
Account Holder Name	count Holder Name		Account Name	
Branch Code		IBAN		
Account No				
Provide the details of your prima	ary contact at your current bank be	low.		
Bank Manager Name	Bank Manager Phone		Bank Manager Email	
Banking Details - Spous Bank Name Bank	se .	Banking Country  Country		
Account Holder Name		Account Name		
Branch Code		IBAN		
Account No				
Provide the details of your prime	ary contact at your current bank be	elow.		
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



l,	, hereby declare that the information provided in this application form is ider my application.
The Bank is authorised to do a Credit Bureau enquiry if necessary authorisation to obtain information from commercial banks, Deeds Office	in order to evaluate this application. In addition, I hereby give the Bankice, & the local municipality.
SIGNED at on this	day of