AGRIBANK
OF NAMIBIA
Your all Season Bank

SALARY- BACKED AGRI-LOAN APPLICATION

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CHECKLIST AND APPLICATION GUIDELINES

SALARY- BACKED AGRI-LOAN APPLICATION

1. ADMINISTRATION FEE

Non-Refundable Administration Fee:

Application Type	N$
Salary-Backed Agri-loan & Post-Settlement Scheme	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	

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GENERAL

1	Business plan (if a farming activity is poultry/crop/piggery or intensive livestock, etc.)	
2	Submit Company Registration Documents: - If CC, submit Founding Statement - If Pty Ltd, submit Articles of Association - If Partnership, submit Agreement - If Co-operative, submit By Law - If Family Trust, submit Deed of Trustees	
3	If a company with limited liability; please submit resolution enabling obtaining of Directors' Identification documentation should be submitted.	
4	Brand Mark Number/ Sock Card (Fan Meat Card)	
5	Herd Statement (From Meat Board/ Veterinary Office)	
6	Quotations of items to be financed (Vehicles, Livestock /Tractors/Infrastructure etc.)	
7	Herd Statement of Seller/Breeder (if Breeder's information form is being used as a quotation)	
8	Land Right Certificate or a Letter from the Traditional Authority confirming farming rights	
9	Water Right Certificate, if applicable	
10	Offtake Agreements/letters of intent for poultry/piggery/crop farming activities	
11	Proof of assets as per entries in the assets and liabilities addendum	

SECURITY (OWN)

1	Copy of the Title Deed of the property offered	
2	Signed authorization letters to the municipality	
3	Approved building plans of the property offered	
4	House fire insurancecover of the property offered (Term Sheet entry: If not available can be submitted within 14 days from date of approval)	
5	Consent to register subsequent bonds from firstbondholders of the property offered (if mortgaged) (Term Sheet entry: If not available can be submitted within 14 days from date of approval)	
6	Loan Statement of the mortgage loan for the property offeredas a security	
7	Surrendering value of policy(ies)/Proof of investment(s)	

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 complete enhanced EDD	

CASHFLOWS

5	Annual Financial statement for 3 years (if registered as a business)	
6	Proof of registered milk quota (Namibia Dairies) (where applicable)	
7	Business plan/Income statement for game farming, lodges etc.	
8	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	
Signature	
Date	

Branch Manager Name	
Signature	
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		Tenat	
Tel (home)		Tel (work)		Cell		Email	
Marital Status							
Single		Married in community of property		Married out community of property		Divorced	
Sex		Male		Female			
Number of Dependants							

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DETAILS OF SPOUSE (IF APPLICABLE)			
Full name			
Maiden name			
Date of Birth			
Postal Address			
Identity number			
Tellephone		Cell	
Relationship			
Signature of Spouse			

2. EMPLOYMENT DETAILS (APPLICANT)						
Name of Employer						
Postal Address						
Physical Address						
Telephone				Fax		
Current Position						
Gross Salary Per Month						
Length of Service				If less than three months, state name of previous employer		
Are you permanently employed?	Yes		No		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						
Length of Service				If less than three months, state name of previous employer		
Are you permanently employed?	Yes		No		If no, state length of employment contract	

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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	
Loan Installment	

6. DECLARATION BY APPLICANT		
I,	Full Name	
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 date
Applicant		
Spouse (If Married in Community of Property		

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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

ASSETS

Fixed Property					
Town	**Suburb**	**Erf no**	**Region**	**Bond Holder**	**Only Market Value (N$)**

Movable Assets (Livestock, Furniture, Vehicles etc.)	**Market Value (N$)**

INVESTMENTS/SHARES (Relevant Financial statements to be attached)

BANK USE ONLY	
Date Confirmed	**Bank Value**

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BANK DETAILS		
Account Number	**Financial Institution**	**Balance**

TOTAL ASSETS	

INSURANCE POLICIES				
Assurance Company	**Cover (eg life OR Short Term Insurance policy no)**	**Amount of cover**	**Maturity date (ddmmyyyy)**	**Surrender value**

LIABILITIES

FIXED PROPERTY					
Suburb		**Erf Number**	**Bondholder/ Seller**	**Monthly repayment**	**Only Outstanding balance (N$)**
Bonds					
Owing on deed of sale					

BANK USE ONLY	
Date Confirmed	**Bank Value**

INSTALMENT SALES(HPs)/LEASES				
Financial Institutions	**Type of asset**	**Monthly repayment**	**Final repayment date (ddmmyy)**	**Outstanding balance**

OVERDRAFTS/LOANS/CREDIT CARD ACCOUNTS				
Type of facility (eg card, personal loan, overdraft) and acc nos	**Financial institution**	**Monthly repayment**	**Credit facility**	**Outstanding balance**

ACCOUNTS PAYABLE (specify)	**Outstanding balance**

CONTINGENT LIABILITIES (eg guarantees, suretyships, notarial bonds)				**Outstanding Balance**

TOTAL LIABILITIES	
ASSETS	
LIABILITIES	
SURPLUS/DEFICIT	

INCOME AND EXPENDITURE

(6 MONTHS BANK STATEMENT TO BE ATTACHED)

INCOME (PER MONTH)

	Income	Deductions	Net Income
Gross basic salary (including bonus)			
Fringe benefits (details)			
Total income			
Less deductions (pension fund, tax, etc)			
Net salary			
Spouse's gross salary			
Less deductions (pension fund, tax, etc)			
Spouse's salary (Net)			
Other income *(specify) (Net)*			
	TOTAL NET INCOME		

EXPENDITURES

HOUSE	Bond	
	Municipal	
	Farming	
	Domestic Wages	
VEHICLES	Instalment/Lease	
	Fuel and Maintenance	
	Second vehicle (if applicable)	
INSURANCE/ASSURANCE	House, car and life	
OTHER INSTALMENTS		

OTHER INSTALMENTS	Timeshare, instalment credit, personal loans, etc	
HOUSEKEEPING	Groceries	
	Clothing	
	Maintenance	
	Education	
	Entertainment	
	Other	
	TOTAL EXPENDITURE	
	NET SURPLUS INCOME (PM)	

Full Name	
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	

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FORM CLP-H001/2025

CREDIT LIFE PROTECTION POLICY APPLICATION FORM

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

1. INSURED PERSON (the "Borrower") DETAILS

Title				
First Names				
Surname				
Identity Number				
Date of Birth				
Gender	Male		Female	
Residential Address				
Postal Address				
Home Telephone Number				
Cellphone Number				
Email Address				
Usual Doctor's Name				
Doctor's Telephone Number				

2. POLICY DETAILS

Name of Credit Provider	Agricultural Bank of Namibia (Agibank)
Name of Insurer	Hollard Life Namibia Limited ("Hollard"), Reg. No. 2008/0229
Policy Commencement Date	
Initial Loan Amount	
Term of Insurance	
Single Premium (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
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 applicable to each benefit are specified 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 applicable to each benefit are specified in 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: Single Premium x Unexpired term / 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.	
3.2	Please tick the appropriate section	
3.3		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;
		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 signed at		on this date	
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.

"Terrorist Activity" shall mean an act involving the use of violence and/or intimidation, or the threat or the preparation thereof, which appears to 1.1 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.

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SUMMARY STANDARD TERMS AND CONDITIONS OF CREDIT LIFE INSURANCE

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.
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.

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.

SUMMARY STANDARD TERMS AND CONDITIONS OF CREDIT LIFE INSURANCE

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.

Credit Agreements at any time exceeds N$550,000 (five hundred and fifty thousand Namibian dollars).

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);
4.2.10 any disease or condition which requires chronic medication usage; and
4.2.11 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;
3.5.3 due to the expiry of the fixed term of a renewable contract of employment;
3.5.4 caused by any lawfully constituted authority nationalising, confiscating or commandeering the assets of his/her employer.

7.6 The Insured Person is a pensioner.

AGRIBANK
OF NAMIBIA
Your all Season Bank

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		BP No.	
Date		Loan Account No.	

Client Personal Information

Full name(s)							
Previous name, if any							
ID/Passport No.							
Type of Identity document							
Nationality							
Date of Birth							
Marital Status	Married		Single		Widow/er		Divorced	
In community of property			Out of Property (Ante Nuptial Contract				Accrual	

Contact numbers and addresses

Residential Address			
Postal Address			
Home Tel.		Cell	

Employment Details

Occupation *(If Self Employed, state in what line of business)*	
Employer	
Date joined	
Work Tel	
Monthly income (N$)	
Is the client a Politically Exposed Person/Foreigner? **If yes, complete the EDD form. Mode of Instalment**	

Mode of Installment Payment (e,g. EFT Transfers Salary deduction etc)	
Expected Foreign Transactions: (e.g. from who (relationship) and from which country)	

Sources of Income:(State sources of income and where they originate from)
Must be completed Other Accounts

Client's Banking Information

Financial Institution	
Branch	
Account No.	
Account Type	

Next of Kin

Name	
Relationship	
Cell	
Name of Client	
Signature	
Date	

Name of sales consultant	
Signature of sales consultant	
Client's 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 mv application	Yes		No	
I confirm that all information that has been given to the Bank is correct and complete	Yes		No	

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KNOW YOUR CLIENT QUESTIONNAIRE

Juristic 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.

Company		Partnership	
Close Corporation		Trust	
Other Legal Persons (please specify)			

Registration Name	
Registration Number	
Country Issued	
Nature of Business	
Tax Income Number	
VAT registration Number	
Date of Incorporation	
Registered Physical Address	
Postal Address	
Business Address (If different from registered address)	
Business Tel	
Business Fax	
Email Address	
Beneficial Ownership (No. of shareholders, members, partners or trustees % of shares or interest	
Particulars of beneficial owners (Indicate full numbers and registration Numbers)	
Are any of the Members or Directors Prominent and Influential /Foreigner? If yes, complete the EDD form	

AGRIBANK OF NAMIBIA
Your all Season Bank

FORM DOA 001/25

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	
Account number	
Type of account	
Bank	
Branch	
Branch Code	
Debit order deduction date	

Please attach bank statement.

a) 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.

b) 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.

c) I undertake to pay any costs, which may result from this debit order instruction.

d) This debit order will remain in force until full settlement of the credit amount is made with Agribank.

e) 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 signed at		On this date	
Authorising Signature			
Assisted by (where legally required)			

FORM CF 001/25

1. AUTHORIZATION REQUEST

Date	
Reference	

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

I, We, the undersigned

Name and Surname	
ID Number (Namibian Citizen)	
Erf Number	
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

Bank Name	Bank Account Number

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

	Applicant 1	Applicant 2	Applicant 3
ID Number			
Date			
Signature			

2. AUTHORIZATION REQUEST

Date	
Reference	

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

I, We, the undersigned

Name and Surname	
ID Number (Namibian Citizen)	
Erf Number	
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.

	Applicant 1	Applicant 2	Applicant 3
ID Number			
Date			
Signature			

3. AUTHORIZATION REQUEST

Date	
Reference	

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

I, We, the undersigned

Name and Surname	
ID Number (Namibian Citizen)	
Erf Number	
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:

3. 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 all points 1 to 3) remains valid until cancelled by me in writing.

Yours Faithfully,

	Applicant 1	Applicant 2	Applicant 3
ID Number			
Date			
Signature			

FORM TS 001/25

TERM SHEET

Pertaining to the loan of

Applicant's Name		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:**

E.g. House fire insurance cover of the property offered/ Consent to register subsequent bonds from first bondholders of the property offered (if mortgaged) – outlined in the checklist. Any other conditions emanating from the approval committees.		**Due Date**
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Credit Analyst		Date	
Credit Manager		Date	
Branch Manager		Date	

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

	1	2	3
Name			
Signature			
Date			

PRE-APPLICATION DECLARATION: NATURAL PERSONS

Pre-application declaration Client fraud, corruption, money laundering, and terrorism financing.

The Agricultural Bank of Namibia (AGRIBANK) is a responsible, ethical lender, practices fair and responsible lending and promotes good corporate governance in all AGRIBANK-financed projects and/or transactions.

AGRIBANK promotes an anti-fraud/corruption culture by fostering an organizational culture of integrity, transparency, and accountability. Additionally, AGRIBANK adheres to the requirements of regulators and its external financiers concerning fraud, corruption, money laundering, terrorism financing, and environmental and labour compliance.

AGRIBANK will not finance projects where the borrower, and/or any person acting on its, or their, behalf in furtherance of the interests of the potential borrower (Partners, Members, Shareholders, Directors, Trustees, and Benefactors, etc.) are currently being investigated, in litigation, arbitration or administrative proceeding before a court, arbitration body or agency, or have been found guilty by a court of law for fraud, corruption, money laundering, financing of terrorism, environmental crimes and poor labour practices.

Please note that the integrity of your responses to the questions below will influence the approval and/or decline of your funding application. False declarations will result in an automatic decline when detected.

Name of applicant (natural person)	
Registration no. of applying for business (in case of proprietorship)	
Physical address	
Postal address	
Email	
Landline and/or mobile no(s)	

1	Are you currently being investigated or in litigation, arbitration, or administrative proceedings before the court, arbitration body, or agency for fraud, corruption, money laundering, and financing of terrorism?			
	No		Yes	
	Briefly explain if the answer above is yes			
2	Have you been found guilty by a court, arbitral body, or agency for sanctionable practices – e.g. fraud, corruption, money laundering, and financing of terrorism?			
	No		Yes	
	Briefly explain if the answer above is yes			

PRE-APPLICATION DECLARATION: JURISTIC PERSONS

Pre-application declaration Client fraud, corruption, money laundering and terrorism financing

The Agricultural Bank of Namibia (Agribank) is a responsible, ethical lender, practices fair and responsible lending and promotes good corporate governance in all AGRIBANK-financed projects and/or transactions.

AGRIBANK promotes an anti-fraud/corruption culture by fostering an organizational culture of integrity, transparency, and accountability. Additionally, AGRIBANK adheres to the requirements of regulators and its external financiers concerning fraud, corruption, money laundering, terrorism financing, and environmental and labour compliance.

AGRIBANK will not finance projects where the borrower, and/or any person acting on its, or their, behalf in furtherance of the interests of the potential borrower (Partners, Members, Shareholders, Directors, Trustees, and Benefactors, etc.) are currently being investigated, in litigation, arbitration or administrative proceeding before a court, arbitration body or agency, or have been found guilty by a court of law for fraud, corruption, money laundering, financing of terrorism, environmental crimes and poor labour practices.

Please note that the integrity of your responses to the questions below will influence the approval and/or decline of your funding application. False declarations will result in an automatic decline when detected.

Name of applying business				
Registration no. of applying for business				
Name of applicant (natural person)				
Physical address				
Postal address				
Email				
Landline and/or mobile no(s)				
1	Is the entity, or any person acting on its or, their behalf in furtherance of the interests of the entity (Partners, Members, Shareholders, Directors, Trustees, Benefactors, etc.) currently being investigated or in litigation, arbitration, or administrative proceeding before the court, arbitration body or agency for fraud, corruption, money laundering and financing of terrorism?			
	No		Yes	
	Briefly explain if the answer above is yes			
2	Has the entity, or any person acting on its or, their behalf in furtherance of the interests of the entity (Partners, Members, Shareholders, Directors, Trustees, Benefactors, etc.) been found guilty by a court, arbitral body or agency for sanctionable practices – e.g. fraud, corruption, money laundering and financing of terrorism?			
	No			
	Briefly explain if the answer above is yes			

3	Has the entity, or any person acting on its, or their behalf in furtherance of the interests of the entity (Partners, Members, Shareholders, Directors, Trustees, Benefactors, etc.) been found guilty of regulatory breaches e.g., major health and safety violations, environmental issues, poor labour practices etc.?			
	No		Yes	
	Briefly explain if the answer above is yes			
4	Has the entity been declared bankrupt and insolvent in the past?			
	No		Yes	
	Briefly explain if the answer above is yes			
5	Have the owners or any person acting on its or, their behalf in furtherance of the interests of the entity (Partners, Members, Shareholders, Directors, Trustees, Benefactors, etc.) declared bankrupt and insolvent in the past?			
	No		Yes	
	Briefly explain if the answer above is yes			

If any of the above answers change to a YES during the application process and/or during the term of the loan, it should immediately be disclosed to the AGRIBANK.

Applicant Name & Surname			
Signature		Date	

Sales Consultants (name and surname)			
Signature		Date	
Application declined		Application declined	

Branch Controller/Branch Manager (name and surname)			
Signature		Date	
Application declined		Application declined	

To be witnessed by an AGRIBANK official or Commissioner of Oaths:

Name & Surname	
Signature	
Date	

Official Stamp