

CONTINUATION FORM

Tel: +264 83 323 2113 / +264 83 2999 000

E-mail copy of completed form to: clientservices@prosperitynam.com



Purpose of continuation *(Please tick appropriate box.)*

Pensioner	<input type="checkbox"/>	Dependants of deceased	<input type="checkbox"/>	FTC to Permanent	<input type="checkbox"/>	Transfer in group	<input type="checkbox"/>
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Section A – Employment Details *(Please tick appropriate box.)*

Member Number							Current CB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Company Name							New CB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Nature of Industry															
Company Address															
Telephone Number							Postal Address								
Employee Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date of Employment	D	D	M	M	Y	Y	Y	Y
Designation of Employee							Salary Category								

Section B – Contact Details *(New or current main member.)*

Title	<input type="checkbox"/>	Initials	<input type="checkbox"/>	Full Names										
Surname														
Medical Aid availability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, what Scheme?									
Physical Address														
Postal Address										Postal code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone no	Home							Work						
Cellphone							Fax							
E-mail														
Date of Birth	D	D	M	M	Y	Y	Y	Y	Age	<input type="checkbox"/>	I.D. no.			
Copy of ID/Passport book to be attached to the application form - legally required														
Marital Status	<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Common Law				

Section C – Bank Details *(Please tick appropriate box and attach proof of banking details e.g. cancelled cheque or bank statement.)*

Claims Refund	<input type="checkbox"/>	Contribution payments	<input type="checkbox"/>	Debit Order Date: 1st of every month	<input type="checkbox"/>		
Name of Account Holder				Bank Name			
Account Number				Branch Code			
Type of Account	Cheque	<input type="checkbox"/>	Transmission	<input type="checkbox"/>	Savings	<input type="checkbox"/>	
					Signature of Account Holder		

Section D - To be Completed by Employer *(Required documents to be attached)*

Management Representation										Employer Stamp								
Name																		
Designation																		
Subsidy	Normal Retention	<input type="checkbox"/>	Trust children / Third Party	<input type="checkbox"/>														
Signature										Date	D	D	M	M	Y	Y	Y	D