

LEGAL GUARDIAN, POWER OF ATTORNEY & DONOR ANNEXURE

When you should use this form

This section must only be completed if a legal guardian or power of attorney is acting on behalf of the individual investor (minor or legally incapacitated individual). This includes the biological parents of a minor/legally incapacitated individual, grandparents (referred to as "donor") of a minor, power of attorney or any other person appointed as legal guardian by a court order. In the case of grandparents' consent is to be given by the biological parents/power of attorney by signing the below declaration.

Required Documents

All documents submitted must be **originally certified copies not older than 3 months**.

- Certified copy of the legal guardian's Namibian ID, Namibian Driver's Licence (new licence rolled out since 2022 displaying full personal details), Namibian passport (at least 6 months validity) or foreign passport (at least 6 months validity and includes visa entry stamp, work visa or residency stamp).
- Certified copy of the donor's Namibian ID, Namibian Driver's Licence (new licence rolled out since 2022 displaying full personal details), Namibian passport (at least 6 months validity) or foreign passport (at least 6 months validity and includes visa entry stamp, work visa or residency stamp).
- Power of attorney or appointed guardian letter.

Investor Details

Include Investor details (Account on which you are a mandate holder)

Full Name(s) & Surname	Client No.
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Legal Guardian, Power of Attorney or Donor Details

Surname					Title		
Full Name(s)					Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Role/Relationship					Date of Birth		
ID / Passport No.					Issued By (Country)		
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> ANC with Accrual	<input type="checkbox"/> Married In Community	<input type="checkbox"/> Married Out of Community	
Contact Detail	Cell				Email		
	Work				Home		
Residential Address					Postal Address		
					Country of Residence		
Employment Type	<input type="checkbox"/> Salary Earner (please complete below)			<input type="checkbox"/> Minor	<input type="checkbox"/> Unemployed		
Name of Employer				Monthly Net income	N\$		
Position at Workplace							
<input type="checkbox"/> Self-Employed (please complete below)							
Provide details of type and nature of business				Net Monthly Business Income/Turnover	N\$		
<input type="checkbox"/> Pensioner (please complete below)							
Name of Pension Fund				Monthly Net income	N\$		

Nominated Bank Account

Should the investor not have his/her own bank account, this bank account will be the account to which all instructions will be processed. Otherwise, this account will be added as an Additional Nominated Bank Account wherefrom only debit order collections will be processed. The Administrator requires a 3-month bank statement of the investor's "Nominated Bank Account(s)".

Name of Bank	Account No
Branch Name	Branch No
Account Type (only Cheque/Transaction and Savings accounts – no credit cards)	<input type="checkbox"/> Cheque/Transaction <input type="checkbox"/> Savings

Legal Guardian/Power of Attorney & Donor Declaration

- I confirm and warrant that all information provided, by me or on my behalf, to the Administrator, in this form is true, correct, complete and not misleading and I undertake to promptly provide updated information to the Administrator in the event of any change thereof.
- I confirm that I have the capacity and authority to submit this form to the Administrator.

Signature of Donor (if applicable) _____ **Date** _____

Signature of Legal Guardian/Power of Attorney _____ **Date** _____