

## Renewal for Individual / Natural Person Membership 2026

Duly complete all fields shaded in blue below, and attach the annexure named per section (in orange) in the order as listed. All pages to be initialled by the applicant.

All information submitted will be treated as strictly private and confidential.

Ref

**ANNEXURE  
REQUIRED**



|          |                                                            |                                                                                                            |   |                         |  |       |  |          |  |
|----------|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---|-------------------------|--|-------|--|----------|--|
| <b>A</b> | Surname (including Maiden Name in brackets, if applicable) | <div style="background-color: yellow; width: 40px; text-align: center; padding: 5px;">ID or Passport</div> |   |                         |  |       |  |          |  |
|          | Full Names                                                 |                                                                                                            |   |                         |  |       |  |          |  |
|          | Title & Initials                                           |                                                                                                            |   |                         |  | Title |  | Initials |  |
| <b>B</b> | ID / Passport Number                                       |                                                                                                            |   |                         |  |       |  |          |  |
| <b>C</b> | Gender                                                     |                                                                                                            |   |                         |  |       |  |          |  |
| <b>D</b> | Contact numbers                                            | Phone                                                                                                      |   |                         |  | Code  |  |          |  |
|          |                                                            | Fax                                                                                                        |   |                         |  | Code  |  |          |  |
|          |                                                            | Cell phone                                                                                                 |   |                         |  |       |  |          |  |
|          |                                                            | Email                                                                                                      |   |                         |  |       |  |          |  |
|          |                                                            | Website                                                                                                    |   |                         |  |       |  |          |  |
|          |                                                            |                                                                                                            |   |                         |  |       |  |          |  |
| <b>E</b> | Nature of business carried on (tick)                       | Current NIBA membership no                                                                                 |   |                         |  |       |  |          |  |
|          |                                                            | Short Term Insurance                                                                                       | → | NAMFISA registration nr |  |       |  |          |  |
|          |                                                            | Life Insurance                                                                                             | → | NAMFISA registration nr |  |       |  |          |  |
|          |                                                            | Pension Funds                                                                                              | → | NAMFISA registration nr |  |       |  |          |  |
|          |                                                            | Re-insurance                                                                                               | → | NAMFISA registration nr |  |       |  |          |  |
|          |                                                            | *Other business                                                                                            | → | NAMFISA registration nr |  |       |  |          |  |
| <b>F</b> | Employment History                                         | Current Employee                                                                                           |   | Previous Employer       |  |       |  |          |  |
|          |                                                            | Position                                                                                                   |   |                         |  |       |  |          |  |
|          |                                                            | Date of Employment                                                                                         |   |                         |  |       |  |          |  |
| <b>G</b> | Highest Qualification                                      |                                                                                                            |   |                         |  |       |  |          |  |

**H Declaration**

|                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>I/we, the applicant, hereby unconditionally declare and undertake as follows:</b> |                                                                                                                                                                                                                                                                                                                                                                                 |
| 1                                                                                    | I/we declare that the information provided is true, accurate and complete to the best of my/our knowledge and belief. I/we understand that any false statement may invalidate the application and or disqualify me/us from becoming or being a member.                                                                                                                          |
| 2                                                                                    | I/we will support and subscribe to all the aims and activities of NIBA to the best of my/our ability; promote unity and professionalism among members; promptly pay all fees and other amounts due to NIBA and apply for renewal of membership on the 1st of January annually.                                                                                                  |
| 3                                                                                    | I/we accept that membership of NIBA places a responsibility on me/us to conduct myself/ourselves at all times in accordance with NIBA's Code of Conduct and professional conduct in general as deemed appropriate in the financial services industry. I/we accept that failure to do so may result in disciplinary action against me/us and/or suspension of my/our membership. |
| 4                                                                                    | I/we will advise Council of any changes in the business or its conduct or in the information given in this application form which changes might reasonably be expected to influence the decision of the Council concerning my/our continued membership of NIBA.                                                                                                                 |
| 5                                                                                    | I/we will immediately report to Council insolvency of any principal or the disability of any principal to meet obligations with his/her creditors once such information becomes known to me/us.                                                                                                                                                                                 |
| 6                                                                                    | I/we am aware of the legal requirement upon me/us to have and maintain in full force at all times Professional Indemnity Cover as determined by the respective Insurance Acts.                                                                                                                                                                                                  |
| 7                                                                                    | I/we will present to Council any documentation as may reasonably required relating to my/our membership.                                                                                                                                                                                                                                                                        |
| 8                                                                                    | I/we will maintain payments to insurers in strict compliance with the requirements of the Insurance Act.                                                                                                                                                                                                                                                                        |

**I Permission**

|                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>I/we authorise NIBA Council</b> to make any enquiries deemed necessary and justifiable (in the name of the business as well as all principals) for consideration of my/our application, and I/we authorise all institutions approached in this regard to furnish full and complete replies to these enquiries. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                  |                           |      |          |      |
|------------------|---------------------------|------|----------|------|
| <b>Submitted</b> |                           |      |          |      |
|                  | Signature of Applicant(s) | Name | Capacity | Date |