Namibia Insurance Brokers Association
PO Box 283, Windhoek, Namibia

NIBA Namibia Insurance Brokers Association

Renewal for Juristic Membership 2026

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

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

Ref

ANNEXURE REQUIRED

A **Registered name of the business**

B **Nature of business carried on** *(tick)*

Where NAMFISA registration is not in place yet (new operations), the certificate must be supplied within 30 days of being admitted to NIBA.

Namfisa registration certificate(s)					
	Short Term Insurance	NAMFISA registration nr		comprising what % of commission?	%
	Life Insurance	NAMFISA registration nr		comprising what % of commission?	%
	Pension Funds	NAMFISA registration nr		comprising what % of commission?	%
	Re-insurance	NAMFISA registration nr		comprising what % of commission?	%
	*Other business	NAMFISA registration nr		comprising what % of commission?	%

C **Legal entity** *(tick)*

Partnership agreement		Partnership
Founding statement		Closed Corporation
Certificate of incorporation		Private Company
		Public Company
None		Other

D **Company reg. number**

Trade & Indust

E **Date established**

F **Particulars of all principals** (members/owners/ directors/partners etc.)

CV + ID + proof of qualification per person listed

	Title, full initials & surname	ID number	Percentage shares in the business	Qualification (s)	Years of experience in industry	Affirmative Action Composition					
						NATIONALITY		GENDER		PREVIOUSLY	
						Namibian	Other	Male	Female	Advantaged	Disadvantaged
1											
2											
3											
4											
5											

G **Subsidiary companies** to be included in membership

	Registered name of the subsidiary	Comp reg. nr	Core business
1			
2			

H	**Postal address**	

I	**Contact numbers**	Phone		Code
		Fax		Code
		Cell phone		
		Email		
		Website		

J	**Locations**	List all business premises below	Physical address	Office number (code + number)
		Head Office		
		Branch 1		
		Branch 2		
		Branch 3		
		Branch 4		

K	**Professional Indemnity cover**	Policy schedule or Cover note	a Insurer	
			b Policy number(s)	
			c Limit of indemnity	N$
			d Renewal date	
			e Basic excess	

L	**Lloyds licence** *(tick)*		**YES**, the business is licensed to carry on business as an agent or broker at Lloyds.
			NO, the business is not licensed to carry on business as an agent or broker at Lloyds.

M	**IIN Membership** *(tick)*		**YES,** the business is a member of the Insurance Institute of Namibia.	Membership number
			NO, the business is not member of the Insurance Institute of Namibia.	
			Take note: A 20% discount applies to NIBA membership fees where a Short Term applicant is a member of The Insurance Institute of Namibia (IIN) or where the applicant only provides Life Insurance services.	

N	**Financials**	Financial year end	

O **Human Resources**

(all staff on payroll must be enrolled at NIBA)

a **Total number of persons engaged in the business at the date of this application:**

						Affirmative Action Composition					
						NATIONALITY		GENDER		PREVIOUSLY	
		SHORT TERM	LIFE	RE-INSURANCE	OTHER	Namibian	Other	Male	Female	Advantaged	Disadvantaged
*	Accounts Executives/Brokers										
	Policy Admin Staff										
	Claims Staff										
	Support Staff (Finance/IT/HR)										
	Labourers										
	TOTAL WORKFORCE										

HR (continue)

* **Accounts Executives/Brokers - Individualy lists**

Affirmative Action Composition

*** Individually registered brokers need to be listed** (Individual membership charges per listed individual broker applies)

NAME AND SURNAME	SHORT TERM - NAMFISA REGISTRATION NO	LIFE - NAMFISA REGISTRATION NO	RE-INSURANCE - NAMFISA REGSITRATION NO	ID NO	NATIONALITY		GENDER		PREVIOUSLY	
					Namibian	Other	Male	Female	Advantaged	Disadvantaged

HR (continue)

b	**Executive Management** (list all key staff)	Position	Name	Email address	Cell number

P NIBA contact persons

a	**Operational matters** (executive level)	Position	Name	Email address	Cell number

b	**NIBA News correspondent** (non-executive level)	Position	Name	Email address	Cell number

Q Social Security Comm

SSC Form 10 (monthly return)		
	Social Security Registration number	
	Current number of staff as declared to SSC per latest monthly return (Form 10)	

R General information

(complete all questions - where 'not applicable', indicate it as such)

a	If you conduct business other than Short Term, Life or Reinsurance, please define the nature and extent of such business below:
b	If you specialize in certain classes of Short Term or Life insurance exclusively, please define such classes below:
c	State the percentage commission (as portion of total) derived from holding/subsidiary or associated companies:
d	Do you have a contract/agreement with any insurer in terms of which you are required to do business with them on preferential basis? If yes, provide details.
e	Do you have a SLA/binder agreement with any insurer(s) in terms of which you perform certain administrative functions on behalf of the insurer? If yes, provide details.
f	Has any of the principals of this business been declared insolvent and/or convicted of theft/corruption/fraud an/or S-referenced over the past 5 years? If so, provide full details.
g	Has any of the principals applied for or enjoyed NIBA membership before? (If so, provide full details.)
h	Has any financial institutions or regulatory body cancelled the membership and/or suspended facilities or refused to renew such membership or facilities of any of the principals? (If so, provide full details.)

S References

a	State 2 **Short Term Insurance Companies** with whom you are/will be placing business:				
	Insurer name	Contact person	Capacity	Email address	Cell number

Letters of intent (if new operations) or state agency number.					

b State 2 **Long Term Insurance Companies** with whom you are/will be placing business:

Insurer name	Contact person	Capacity	Email address	Cell number

T **Declaration**

I/we, the applicant, hereby unconditionally declare and undertake as follows:

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.

V **Permission**

I/we authorise NIBA Council 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.

W

Submitted				
	Signature of Applicant(s)	Name	Capacity	Date

X

NIBA Member recommendation All new applications should be recommended by two existing (paid-up) NIBA members				
	Signature of Applicant(s)	Name	Capacity	Date
	Signature of Applicant(s)	Name	Capacity	Date