

**Employer's Declaration Form for Payment for employees' membership 2025/2026**

*(Information submitted to the Insurance Institute is treated with strict confidentiality)*

**Section A Employer's details**

Company:  Contact person:

Physical address:

Tel (office):

Email address:  Mobile No:

**Section B Employees' information**

No of Permanent Staff

Employee list with Email addresses attached	YES	NO
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**Section C Payment Option (Mark with "X")**

ANNUAL	QUARTERLY	MONTHLY
84 pm pp	94,50 pm pp	105 pm pp

**Section D Involvement** Please indicate in which of the activities of the Insurance Institute you are willing to assist:

Sponsorship	Education	Membership	Events
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**Section E Declaration by HR officer signing the form on behalf of the employer**

\* I confirm that all the information in this Employer's Form for Payment is true. I acknowledge that any false or misleading statement, representation or declaration in or in connection with this Form, by commission or omission, is cause for revocation of our employees' membership.

\* I authorise *The Insurance Institute of Namibia* to contact any authority, institution, association, body or person to verify the information as set out in this Employer's Form for Payment and hereby authorise any such authority, institution, association, body or person to release to *The Institute* any information relevant to the information as set out in this Employer's Form for Payment.

\*I hereby confirm that as the employer we shall be responsible for the periodic membership fee payment in respect of our staff on the basis of the payment option chosen as marked above. (Section C)

\* I confirm that I have read and understand the Membership Terms and Conditions in respect of membership fees and payment terms annexed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Having the capacity to sign on behalf of the employer

*Please send completed form to: office@iinnamibia.com*