

**Company:**  
Western National Insurance Company Limited  
(Reg: 2004/0069)

**Policy Number:** \_\_\_\_\_  
**Meat Board No.** \_\_\_\_\_  
**Meatco Contract No.** \_\_\_\_\_

**Insured:** \_\_\_\_\_

**Insured Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
\_\_\_\_\_ **Surname:** \_\_\_\_\_  
\_\_\_\_\_ **Initials:** \_\_\_\_\_  
\_\_\_\_\_ **Employer:** \_\_\_\_\_  
\_\_\_\_\_ **Occupation:** \_\_\_\_\_

**I.D./Registration Number:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**VAT number:** \_\_\_\_\_  
**Postal Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_  
**Mobile Number:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_

**Bank:** \_\_\_\_\_  
**Branch:** \_\_\_\_\_  
**Branch code:** \_\_\_\_\_  
**Acc. Holder:** \_\_\_\_\_  
**Acc. Number:** \_\_\_\_\_

<b>Insurance period:</b>	<b>Period start</b>	<b>(Day/Month/Year)</b>
	<b>Period end</b>	<b>(dd/mmm/yyyy)</b>
<b>Premium Payable:</b>		0.5% of declared amount
<b>Premium Payable Date:</b>		Settlement date of each slaughtered consignment
<b>Additional Statutory Costs:</b>	VAT	15%
	Stamp Duty	1%
	NAMFISA Levy	1%

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

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

For and on behalf of Western National Insurance Company Limited (Reg: 2004/0069) VAT number: 3721345-01-5

**Declaration**

I, the Insured on behalf of the Insured Person (Or Second Insured Person where applicable) understand and agree with the stipulations of the Western National Insurance Company Limited Livestock Insurance Policy as well as the applicable large stock and/or Small stock Post and Ante Mortem Examination and Compensation Payment Schedule(s) and declare that:

a) All the information supplied or to be supplied in connection with this proposal, whether in my own handwriting or not, is true and complete and will form the basis of the policy.

b) I/We agree that if the above declaration is not correct the Insurer reserves the right to render the policy null and void.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

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

For and on behalf of the Insured

Print names(s): \_\_\_\_\_