

## Broker Application Form

Please take note that this application cannot be processed if ALL fields and pages are not completed in full.

Agency application date:
Inception date of facility requested:
Processed by:

### Company details

Name in full, including current trading title, if any		
Previous trading names, agencies or brokers with whom you have been associated		
Type of business	Private Company (Pty) Ltd <input type="checkbox"/> Sole Proprietor <input type="checkbox"/>	Personal Liability Company (Inc.) <input type="checkbox"/> Other <input type="checkbox"/>
Close Corporation (CC) <input type="checkbox"/>		
Registration no (if applicable) or details if 'other'		
Please list the names and I.D. numbers of the Key Individuals overseeing the department performing activities in terms of this proposed agreement:		
Name	ID	
Name	ID	
Name	ID	
Name	ID	
Name	ID	

Please list the names, I.D. numbers or company registration numbers of all shareholders.

Name	ID
Name	ID
Name	ID
Name	ID
Name	ID

Please confirm that all staff who will market products under the proposed agreement hold the necessary qualifications to sell and negotiate such financial products:

Y ☐ N ☐ If no, please provide full details:

#### Fees and Commission

Confirm that you are aware that niche insurance amounts payable may include ancillary fees that fall outside of the scope of a binder agreement, intermediary agreement and the definition of financial services and that part of such fees may become payable to the intermediary from time to time. The breakdown of such fees and the charging of these fees will be available at all times. Such fees will be clearly indicated on the policy schedule and commission statements and must be disclosed to the policy holder, at acceptance, endorsement and renewal stage. All client acceptance forms include agreement on such fees and must be signed by the proposed policy holder.

Y ☐ N ☐

Please indicate if any of the persons listed above or any organisation in which they have held a managerial position has been placed in provisional or final liquidation, receivership or been placed under provisional or final judicial management, or been provisionally or finally sequestrated or entered into arrangements with creditors or are any such matters still pending?

Y ☐ N ☐ If yes, please provide full details:

Have any of the persons listed above been convicted of any criminal offence during the past 5 years?

Y ☐ N ☐ If yes, please provide full details:

Is there any civil or criminal litigation pending against any of the persons mentioned above or against the applicant?

Y ☐ N ☐ If yes, please provide full details:

Have any of these persons ever had any agency or an agency application declined, terminated or granted on special terms?:

Y ☐ N ☐ If yes, please provide full details:

Is there a possible conflict of interest by means of any Shareholder, Director, Member, Affiliated with the business activities of this proposed contract entered.

Y ☐ N ☐ If yes, please provide full details:

### Contact details

Physical address from which business is conducted:

Business tel

Cell

Website

Email

### Contact details for applicants

Main contact person

Email

Underwriting contact person

Email

Claims contact person

Email

Accounts contact person

Email

**Succession** (In the event of total cessation of your organisation's activities)

Person Name	
Business tel	Cell
Email	

**Membership details**

Please list any relevant memberships, including insurance/broker/underwriting association memberships:

Branch	Association

**Banking details**

Bank	Branch
Branch code	Type of account
Account number	Name of account holder
Have you changed banks over the last 2 years?    Y <input type="checkbox"/> N <input type="checkbox"/>	
If Yes, advise:	
Bank	Name of account holder
Branch	Account number

## Facility/contract details

Please provide details of the top three insurance companies and/or Underwriting Management Agencies with whom the majority of your business is placed. Complete all three fields in full.

Company name	Branch
Contact person	Contact number
Period of agreement	

Company name	Branch
Contact person	Contact number
Period of agreement	

List the names only of any other insurance company and/or underwriting agency with whom you place business

1	2
3	4

## Tax Status

Is the company a VAT Vendor?    Y ☐    N ☐    If yes, please provide VAT Number:

Income tax number

## Financial Advisory and Intermediary Services Act

Please note that your application cannot be approved if you have not registered correctly in terms of FAIS.

FSP licence number

Stipulate Category (e.g. Cat I / II / IIA III / IV)

Please specify the type of financial services that the stated FSP is registered to provide. Please provide sub-category product details e.g. 1.2 (short-term insurance personal lines); 1.6 (short-term insurance commercial lines)

Are there any other conditions applicable for licence categories?	
Y <input type="checkbox"/> N <input type="checkbox"/> If the answer is yes, please provide details of such conditions:	
Name of registered Compliance Officer Company	
Name of the Compliance Officer	
Email	Cell
Business tel	

## Professional Cover details

Please attach supplementary proof (i.e. policy schedule or proof of cover)

**Professional Indemnity Cover** (Compulsory for all FSP's in terms of the Notice on Requirements for Professional Indemnity and Fidelity Insurance Cover for Providers, published in Board Notice 123 of 2009)

Excess structure	Underwriter
Limit of indemnity	Policy number
Expiry date	

### Third Party Cyber Cover

Excess structure	Underwriter
Limit of indemnity	Policy number
Expiry date	

Have you ever submitted a claim under Professional Indemnity?

Y ☐ N ☐

If yes, please provide details and outcome:

**Fidelity Insurance / Bank Guarantee** (compulsory, if the FSP receives premiums or holds assets on behalf of clients in terms of the Notice on Requirements for Professional Indemnity and Fidelity Insurance Cover for Providers, published in Board Notice 123 of 2009)

Excess structure

Underwriter

Limit of indemnity

Policy number

Expiry date

## Declaration - personal service provider in terms of the Income Tax Act

Does the Company derive more than 80% of its annual income from 1 (one) client only? Y ☐ N ☐

Does the Company employ 3 (three) or more full time employees who are not shareholders or members/directors of the Company? Y ☐ N ☐

## General declaration

I confirm that the information contained herein is true and correct and shall form part of the agreement to be concluded between The Insurer, Tranquille Underwriting Managers, its representative BOUWEN Engineering and the applicant.

Proposal/declarations completed by:

Signature:

Date:

The acceptance of this proposal is subject to the final approval of the Insurer and the Underwriting Manager. The Insurer and the Underwriting Manager will not accept responsibility for cover until the agreement between the parties has been concluded and written confirmation has been issued

## Office use

Date received

Proof of Professional Indemnity attached Y ☐ N ☐

Proof of Fidelity Insurance Y ☐ N ☐

Tax Clearance Certificate Y ☐ N ☐

VAT Registration Certificate Y ☐ N ☐

Company registration (COR 41.3) Y ☐ N ☐

Proof of Banking Details Y ☐ N ☐

FSCA Registration Certificate Y ☐ N ☐

Copy of Director ID documents Y ☐ N ☐

Checked by:

Approved by: