

BROKER/INTERMEDIARY APPLICATION FORM

(Please take note that this application cannot be processed if ALL fields and pages (6) are not completed in full. Please fill in neatly and legibly.)

Portfolio Manager/Branch:		Processed by (H&L staff member):	
Requested inception date of facility:		Date:	
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 – tick as appropriate:			
<input type="checkbox"/>	Limited liability company	Registration no.	
<input type="checkbox"/>	Close corporation	Registration no.	
<input type="checkbox"/>	Partnership		
<input type="checkbox"/>	Sole proprietor		
<input type="checkbox"/>	Other	Please give details	
Please list the names, I.D. numbers and occupations of all directors			
1.			
2.			
3.			
Please list the names, I.D. numbers or registration numbers, and occupations of all share holders			
1.			
2.			
3.			
Please list the names, I.D. numbers and occupations of all members			
1.			
2.			
3.			

Please list the names, I.D. numbers and occupations of all partners					
1.					
2.					
3.					
Have any of the persons listed above, or has any organization in which they have held a managerial position 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? If yes, please provide full details:					
Have any of these persons been convicted of any criminal offence during the past 10 years? 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? 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? If yes, please provide full details:					
CONTACT DETAILS					
Physical address from which business is conducted:					
Tel. no.		Cell. no.		Fax no.	
Company E-mail address					
Company Web site address					

Postal address	
Accounts Dept Contact Person	(For the receiving of a monthly commission statement)
Accounts Dept Email Address	
General Contact Person & Email	(For the receiving of a monthly newsletter)
MEMBERSHIP DETAILS	
State any insurance/broker/underwriting association related membership	
Association	Membership no.
Association	Membership no.
BANKING DETAILS	
Name of bank	
Address	
Account type	
Account number	
Account Name	
Branch code	

Have you changed bankers over the last 2 years, if Yes please advise			Y	N
Bank		Name of account holder		
Bank		Account number		

Below, list the detail as requested of the three Insurance Companies and/or Underwriting Agencies with whom most of your business is placed.

PLEASE NOTE THAT ALL THREE FIELDS NEED TO BE COMPLETED IN FULL

Company name			
Branch			
Contact person			
Contact number			
Period of agreement			

Monthly premium			
Cumulative 12 month loss ratio			
List the names only of any other insurance company and/or underwriting agency with whom you place business:			
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	
Do you currently have an existing SANTAM LIMITED agency? If YES, please provide details below.			Yes No
Santam Agency Code:			
Do you currently have an existing SANTAM LIMITED facility through any other Outsource Manager? If YES, please provide details below.			Yes No
TAX STATUS			
Please provide detail as follows:			
Are you a provisional taxpayer?			
Do you pay on PAYE system?			
Income tax number			
VAT registration number			
Does your Brokerage have a TCF policy ((Treating Customers Fairly) as implemented by the FSB 1 January 2014) in place? (Y/N)			
FINANCIAL ADVISERS AND INTERMEDIARY SERVICES ACT			
PLEASE NOTE THAT YOUR APPLICATION CANNOT BE APPROVED IF YOU HAVE NOT REGISTERED IN TERMS OF FAIS.			

Are you licensed in terms of the Financial Advisers and Intermediary Services Act (FAIS)?		Yes	No
If yes, please provide your FSP Number			
Name of Compliance Officer			
Contact Details	Tel No.:	Cell No.:	
Email Address:.....			
COVER DETAILS: (Please attach supplementary proof)			
Professional Indemnity Cover (Compulsory)		I.G.F. Cover	
Underwriter		Underwriter	
Limit of indemnity		Limit of cover	
Policy number		Policy number	
Expiry date		Expiry date	
Who is covered under the PI policy, e.g. only Directors, all staff? Please specify:			

TECHNICAL DETAILS OF EMPLOYEES		
Employee	Short term insurance experience	Short term insurance related qualifications
Number of employees:		

Amount of business to be placed at inception (month)	Amount of business within six months (month)	Amount of business after 12 months (month)
R	R	R

Proposal completed by: (block letters)	Signature	Date
<p><u>Important notice:</u></p> <p><i>The acceptance of this proposal is subject to the final approval of SANTAM LIMITED Insurance.</i></p> <p><i>SANTAM LIMITED Insurance will not accept responsibility for cover until written confirmation has been issued.</i></p>		

Office Use		
Date received at SANTAM LIMITED	Checked by	Approved by
Proof of PI attached	Date	Date