

## AGENCY APPLICATION

REQUIRED DOCUMENTATION	
The Following Documentation is to accompany this application:-	
FAIS License – all pages	Company Registration Certificate
IGF Guarantee Approval or bank guarantee – if applicable	VAT Registration Certificate – if applicable
Please attach proof of banking details as verification of valid account	
Copy of your Professional Indemnity policy	

Where a Yes/No response is required, please tick with an 'X' that which applies.

GENERAL DETAILS			
Date of Application:			
Name of Applicant as registered with the Financial Services Board:			
Branch:			
Pty / CC Registration Number / ID Number if Sole Trader:			
Vat Registration Number:			
Name of Chief Executive Officer:			
Names of Directors/Members:	1.	4.	
	2.	5.	
	3.	6.	
Email Address:			
Telephone Number:	Code:	Number:	
Facsimile Number:	Code:	Number:	
Physical Address:			
		Code:	
Postal Address:			
		Code:	
Have you previously operated under any other trade name?:	<input type="text" value="Y / N"/>		
Specify name and period:			

Number of employees:	Underwriting:	
	Claims:	
	Administration:	
	Other:	
Do you conduct any other activities apart from insurance business?:	<input type="text" value="Y / N"/>	
Specify:		

Are you conducting business on behalf of any other insurer(s) / underwriting managers?	<input type="text" value="Y / N"/>		
Kindly supply three references:	Company	Contact Name	Contact Number
Do you send statutory notices?	<input type="text" value="Y / N"/>		
Do you disclose admin fees?	<input type="text" value="Y / N"/>		
Do you disclose commissions?	<input type="text" value="Y / N"/>		
Do you provide any administration functions?:  If Yes, provide details:	<input type="text" value="Y / N"/>		
	Risk Management:		
	Policy Administration:		
	Claims Administration:		
	Premium Collection:		
	Other:		
Are you a member of any Insurance Association?:	<input type="text" value="Y / N"/>		
If Yes, give details:			
Do you have an IGF or Bank Guarantee?:	<input type="text" value="Y / N"/>		
Guarantee obtained from:			
Guarantee Number:			

Expiry Date:	
Name of Auditors:	
May we approach your Auditors for Information, if required?:	<input type="text" value="Y / N"/>

<b>BANK ACCOUNT DETAILS</b>	
Account Holder:	
Bank Name:	
Branch Name:	
Branch Code:	
Trading Account Number:	
Trust Account Number:	
<b>FAIS COMPLIANCE DETAILS</b>	
FAIS Licence Number:	
Date of Issue:	

Authorisation:	Providers of Advice	YES / NO
	Providers of Intermediary Services	YES / NO
CATEGORY (for which you are FAIS Licenced )	<b>KEY INDIVIDUAL/CONTACT PERSON</b>	<b>E-MAIL ADDRESS</b>
	1.	
	2.	
	1.	
	2.	
	1.	
	2.	
	1.	
	2.	
	1.	
	2.	
Exemptions under license:		
Special conditions or prohibitions under license:		

Compliance Officer:	
FSB Practice Number:	
Telephone Number:	
Facsimile Number:	
E-mail Address:	
Postal Address:	
Do you have Professional Indemnity Insurance?:	<input type="text" value="Y / N"/>
Name of Insurer:	
Policy Number:	
Indemnity Limits:	
Expiry Date:	
Do you have Fidelity Guarantee Insurance?:	<input type="text" value="Y / N"/>
Name of Insurer:	
Policy Number:	
Indemnity Limits:	
Expiry Date:	

The undersigned hereby warrants that the answers hereto are true and correct to the best of his/her knowledge and warrants that he/she is authorised to submit this declaration and application.

Name: \_\_\_\_\_

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

Designation: \_\_\_\_\_

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