

motor
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 value added

BROKER APPLICATION FORM

- 1) Please ensure that all information and ALL fields are completed in full in order for us to process the application without delay.
- 2) Please supply us with the following documentation:
 - a. Copies of ID Documents of all directors
 - b. Copy of Company Registration Certificate
 - c. VAT Registration Certificate (VAT 103 notice of registration)
 - d. FSB Certificate
 - e. Proof Of Valid Bank Account
 - f. Copy of Professional Indemnity Cover
 - g. JPEG. Company logo
- 3) Please note that the application is subject to final approval by Affinity Underwriting Managers
- 4) No responsibility or acceptance of cover will be entertained until written confirmation is issued by Affinity Underwriting Managers
- 5) Please forward completed application form to fabian@affinityum.co.za

BROKERAGE INFORMATION

FSP Number

Date Authorised

Registered Company name in full

Trading Name (If Any)

Date of Company Registration

Type Of Business

- Limited Liability Company
 Close Corporation
 Partnership
 Sole Proprietor
 Other

Company Registration Number

Company VAT Number

Please list Name, ID Numbers and Occupations of all Directors

Name	Surname	ID Number	Occupation

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Please list the names, I.D. Numbers or registration numbers of shareholders/Members/Partners

Name	Surname	ID Number / Reg No	Occupation

Have any of the persons listed above, or has any organisation 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 sequestered or entered into arrangements with creditors or are any such matters still pending? If yes, please provide full details:

- Yes
- No

If yes please provide full details:

Have any of these persons been convicted of any criminal offence during the past 10 years?

- Yes
- No

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?

- Yes
- No

If yes please provide full details:

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

- Yes
 No

If yes please provide full details:

MEMBERSHIP INFORMATION

Please state any insurance industry related association memberships (Current and Past)

Name of Institution/Association	Membership Number	Active

FACILITY INFORMATION

Please state details as requested of all current insurance / underwriting companies where facilities are held in order of business

Name of Company	Branch	Contact Person	Period Of Agreement	Monthly Gross Premium

PROFESSIONAL INDEMNITY COVER

Insurer / Underwriter

Policy Number

Limit Of Indemnity

Expiry Date

Who is covered under policy (Only Directors, All Staff etc)

BANKING INFORMATION

Please note that the bank details provided will be used for commission payments. Please ensure that we are always kept up to date with accurate information on the bank details

Bank Name

Branch

Branch Code

Account Type

Account Holder

Account Number

CONTACT INFORMATION

Please ensure that you keep us updated with any contact information changes

Main Switchboard Number

Alternative Contact Number

Contact Person Name

Contact Person Cell Number

Fax Number

General Email Address

Website Address

Commission Statement email address

Policy Schedule email Address

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FACILITY DETAIL

Type of Facilities applied for:

- Personal Lines
- Commercial
- Value Added Products

Amount of Business to be placed at Inception (Move Over Policies)

Number Of Policies	Premium	Inception Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

New Business (Excepted Business placed in first 6 months)

Number Of Policies	Premium
<input type="text"/>	<input type="text"/>

New Business (Expected Business placed in first Year)

Number Of Policies	Premium
<input type="text"/>	<input type="text"/>

Broker fee

DULY AUTHORISED SIGNATURE

I _____ herby confirm the following:

- a. I am duly authorised to sign this application on behalf of the company
- b. I agree that all information supplied is true and correct

Signed on this day the ____ of _____ 2018

Signature

Date

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OFFICE USE

Date Received

Received/Processed By

Date Loaded

Documentation Check list

- Directors ID Documents
- Company Registration Document
- Proof of Indemnity Cover
- Proof of Bank Account

FSB Website Check

- Authorised
- FSP Number Verified

Products Approved as per FSB Website as at _____

Category Description	Advice	Intermediary

Directors Approval

Fabian Angiers

George Myburgh

Geoff Temlett