

Agent No: _____

I/We hereby apply for an intermediary agency with Centriq Insurance Company Limited

Date of Application	
Agent/Broker Details	
Registered Business Name of Applicant	
Company Registration Number	
Vat Registration Number	

CONTACT DETAILS

Business physical address <i>(Head Office)</i>		
		Code
Business Postal Address <i>(Head Office)</i>		
		Code
Business Tel Nr		
Business Fax Nr		
Contact Person		Cell Nr
Contact Email address		
Website address		

PREVIOUS OPERATIONS

Have you, your business or any of your business partners previously operated under any other trade name?	YES	NO
Specify Business Registration Names and period:		

TYPE OF LEGAL ENTITY

Individual	YES	NO	
Partnership	YES	NO	
Registered Company	YES	NO	Reg. Nr.
Close Corporation	YES	NO	Reg. Nr.
Other - Describe			

BRANCH DETAILS (Note: Each Branch must submit an agency application)

Number of branches	
Location of Branches	
No. of years your organisation has been in existence	

INDIVIDUALS / PARTNERSHIPS / OTHER SIMILAR

Name of individual or partner	ID Number	Profession / Occupation	Insurance Experience (Field and years)	Qualifications

COMPANY / CLOSE CORPORATION / OTHER SIMILAR

Name of Company or Close Corporation	Date of Incorporation	Registration Number	Names of Directors / Members	Qualifications	Experience and fields

STAFFING LEVELS / STAFF CONTACT

Claims		No. of claims per person per month	
Administration		No. of policies per person per month	
Underwriting		No. of quotes per person per month	
Other			
Contact: Compliance Management			
Contact: Policy Administration			
Contact: Claims Administration			
Contact: Premium Collection			

VAT STATUS

Are you a Registered VAT Vendor?	YES	NO
VAT Number		
Does your turnover exceed R300 000 p.a.?		

POLICYHOLDER PROTECTION RULES *(Complete if applicable)*

Do you comply with PPR?	YES	NO	N/A
Details if not complying:			
Do you send statutory notices?	YES	NO	
Do you disclose admin fees?	YES	NO	
Do you disclose commissions?	YES	NO	

INSURANCE ACT: PREMIUM COLLECTION

An agent (*credit agency*) collecting premiums on behalf of an insurer must have a valid IGF or bank guarantee and must enter into a separate agreement with an insurer to do so.
 Agents without a guarantee will be treated as cash agents (*premium must be paid directly by insured's (clients) to insurers*)

Cash Agent	
Credit Agent	
Guarantee obtained form	
Guarantee no. (<i>attach copy</i>)	
Renewal date	

FAIS DETAILS

Are you registered in terms of the FAIS Act?	YES	NO
FAIS License Number		
Compliance Officer		
Are client funds held in a separate bank account?	YES	NO
Do the key individual/s of your organisation meet the FAIS fit and proper requirements?	YES	NO
Does your organisation meet the FAIS operational requirements?	YES	NO
Does your organisation comply with the FAIS financial soundness requirements?	YES	NO
Name of external auditor		
Name of responsible partner at external auditor		
Please describe / give details regarding the following procedures / operational processes / how the following is handled:		
Storage and filing records		
FAIS compliance and reporting		
Recording of advice given		
Compliance with FICA		
Recording of complaints		
Complaints handling procedure		

Professional Indemnity	Have you arranged Professional Indemnity Insurance?		YES	NO
	PI Insurance Company Name			
	Limit of indemnity			
	Policy number <i>(attach copy of policy schedule)</i>			
	Renewal date			
	Previous claims experience			
Have you or any Partner / Director / Member ever been insolvent, under provisional liquidation or compromised with your creditors?	YES	NO	Details if yes:	
Have you or any Partner / Director / Member ever been found guilty of any crime, or are any civil or criminal legal proceedings in action against you or any Partner / Director / Member?	YES	NO	Details if yes:	

BANKING DETAILS – YOUR ACCOUNT

Commission payable directly into your account?	YES		NO	
Name of Bank		Name of account		
Branch Name		Branch number		
Account number		Type of account	Cheque/Savings/Transmission	

BANKING DETAILS – CLIENT FUNDS ACCOUNT

Premium collected directly into this account?	YES		NO	
Name of Bank		Name of account		
Branch Name		Branch number		
Account number		Type of account	Cheque/Savings/Transmission	

BUSINESS CONDUCTED BY YOUR ORGANISATION

Do you conduct both long- and short term business <i>(Please 4)</i>	Short Term		Long Term	
Do you conduct any other activities apart from insurance business?	YES		NO	
Description of other business				

Kinds of insurance business (Please 4)	Type of Business		Period (If other than monthly or annual)		Monthly	Premium	R
					Annual		R
	Type of Business		Period (If other than monthly or annual)		Monthly	Premium	
					Annual		R
	Type of Business		Period (If other than monthly or annual)		Monthly	Premium	
					Annual		R
	Type of Business		Period (If other than monthly or annual)		Monthly	Premium	
					Annual		R

What kind / class of business would you like to introduce to Centriq?	
Anticipated commencement date	
Anticipated Gross Annual Premium	

REMUNERATION

Commission	Motor	
	Non-motor	
	Life	
Policy Fees		
Any other charge to policyholders		

REFERENCES

Are you conducting business on behalf of any other insurer(s) / underwriting managers?	YES	NO	
If yes, please provide names			
If your organisation is conducting business through another Centriq underwriting manager, please supply name/s			
Kindly supply three references	COMPANY	CONTACT NAME	CONTACT NO.
Has your organisation or any organisation in which your key individuals have had an interest ever had its accreditation revoked by another insurer / underwriting manager	YES	NO	
Details if yes			
Have you previously been accredited by Centriq or a Centriq Underwriting Manager?	YES	NO	
Names if yes			

IT SYSTEMS

Software Package				
Details of functionality				
No. of policies administered				
Back-up	Daily	Weekly	Monthly	Other
Where is back-up stored?				
Does the system allow for full administration function?	YES	NO	Details if no:	

DECLARATION

We fully understand the implications of not complying with the FAIS Act, General Code of Conduct and other relevant subordinate legislation. We undertake to embed and evidence the TCF principles and outcomes to the extent that the outcomes apply and fall within our direct control.

We require the following supporting documents to process your application:

- ✓ Proof of Income Tax Number
- ✓ Proof of VAT Number if applicable
- ✓ Proof of Bank Account (cancelled cheque or letter from bank not older than 12 months)
- ✓ Proof of IGF Cover (If collecting premium)
- ✓ Proof of a separate Bank Account (If collecting premium)
- ✓ Copy of Professional Indemnity Schedule

This is merely an application. If your application is successful an intermediary contract will be issued directly between yourselves and Centriq Insurance Company Limited. Should you apply to collect premium, a separate premium collection mandate will be issued upon approval.

The above information is true and correct and all answers provided have been provided in full.

AUTHORISED SIGNATORY obo AGENCY

DATE

PRINT NAME