



C. Address details:

10. Is the agency registered locally or in a foreign country? Local: Foreign:

11. If foreign then please supply:

Country:

Postal Code:

12. Postal Address:

Suburb:

City/Town:

Postal Code:

13. Physical Address:

Suburb:

City/Town:

Postal Code:

14. Tel. Office: Country Code: Area Code:

Number:

15. Fax: Country Code: Area Code:

Number:

16. E-mail Addresses:

17. Cell Phone Number:

D. Agency details:

18. Occupation: (e.g. Insurance Broker):

19. Number of years in current occupation:

20. FAIS Number:

21. F.I.A. Number:

22. Please indicate type of agency: Direct: Credit:

23. If credit please attach a copy of your guarantee

24. If yes, please supply the following:

24.1 Guarantee Number:

24.2 Guarantee Amount:

24.3 Expiry date:

24.4 Do you make use of Premium Collections? Yes: No:

Name of collections house if applicable:



25. Should correspondence be sent to this Agency?

Yes:

No:

If yes please supply:

25.1. Title:

25.2. Initials:

25.3. Surname:

25.4. Business Title: (e.g. Managing Director)

25.5. Language Preference: English: Afrikaans:

25.6 Email addresses:

26. Correspondence section

26.1 Preferred method of dispatch: Email: Post:

26.2 Personal policies email address (if email):

26.3 Commercial policies email address (if email):

26.4 Claims email address:

26.5 Commission statement email:

Section 2

Tax Details

1. Tax Region:

2. Tax Number: (Attach proof from SARS)

3. Vendor: Yes: No:

4. Vat Number:

5. Tax Directive: Percentage: % From: To:

For office use: Tax Type: Tax Indicator:

6. Provisional Tax Payer? Yes: No:

(Attach proof from SARS)

7. Personal Services Provider? Yes: No:

(More than 80% income from one source and/or less then 3 non-related employees)

Section 3

Bank Details

1. Bank Account Type: Current: Transmission: Savings:

2. Bank Account Number:

3. Bank Branch Code:

If you do not have the branch code please provide the name of your bank and branch:

4. Accountholder's Name:

(Copy cheque or bank confirmation required)



Section 6

Please provide us with at least two references:

1. Name:

Address:

Occupation:

Telephone: Code: Number:

2. Name:

Address:

Occupation:

Telephone: Code: Number:

Section 7

FIAS and General

1. Have you previously had an agency contract cancelled?

Yes:

No:

If yes please supply full detail:

2. Individual and Partnerships:

Name:

ID Number:

Qualifications:

Experience: Field Years

3. Company / Closed Corporations (If more member or directors, please add details on a separate sheet)

3.1 Name of director or member:

ID Number:

Qualifications:

Experience: Field Years

3.2 Name of director or member:

ID Number:

Qualifications:

Experience: Field Years

4. Compliance Officer:

5. Do your key individuals meet the Fit and Proper requirements? Yes: No:
6. Does your organisation meet the FAIS Operational requirements? Yes: No:
7. Does the organisation comply with the FAIS Financial soundness requirements? Yes: No:



8. Compliance Report: Please give details of your:

8.1 Storage of records:

8.2 Date of last FAIS compliance reporting:

8.3 Recording of advice:

8.4 Recording of handling of complaints:

8.5 Compliance with FICA:

8.6 Have you/any KI/member or director:

8.6.1 Applied to Old Mutual Insure before: Yes: No:

8.6.2 Been declared insolvent, liquidated or sequestrated? Yes: No:

8.6.3 Been found guilty of any criminal or civil offence? Yes: No:

If yes please supply full detail:

I/we, warrant the information provided is true and correct and that Old Mutual Insure may perform a credit check on the applicant and the directors/members.

This application is signed at: _____

Signature: _____ Capacity: _____

Name: _____ Date: _____

Company Stamp:

Herewith a check list of all the supporting documents we would require 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)

Copy of Professional Indemnity Schedule