

GENRIC Insurance Company Limited

Reg. no 2005/037828/06
 www.genric.co.za

Agency Application

Agency Code	<input type="text"/>
FSP Licence #	<input type="text"/>

IMPORTANT INFORMATION

1. Required Documentation

Please note that in order to expedite your application the following documentation is required in addition to this application form:

- Complete copy of the FSP Licence
- Copy of certificate of Incorporation of the Company or CC
- Copy of the Professional Indemnity Schedule
- Copy of the Intermediary Guarantee Facility (IGF), if applicable
- Certified copy of a Key Individual's Identity Document
- Copy of a cancelled cheque or confirmation letter from the bank
- Copy of Tax Clearance Certificate of Good Standing
- Resolution indicating authorised signatory/ies of the applicant (if applicable)

2. Mandatory fields are indicated with an asterisk (*), should these fields not be completed the agency cannot be processed.

3. Confidentiality

All information provided in this document will be treated in the strictest confidence

1. *BUSINESS DETAILS

Name in full, including trading title, if any

Type of business (tick as appropriate)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Limited Liability Company (please state registration no) |
| <input type="checkbox"/> | Partnership |
| <input type="checkbox"/> | Sole Proprietor |
| <input type="checkbox"/> | Close Corporation (please state C.K. no) |
| <input type="checkbox"/> | Other |

2. *ADDRESS DETAILS

Address from which the business is conducted:	
Telephone number:	Email address:
Fax no.:	
Postal address:	Physical address:
Postal Code:	Street code:

3. *BANKING DETAILS

Please provide the banking details for commission payments;	
Bank Name:	Type of account:
Account Holder:	Branch name:
Account no.:	Branch code:

4. REGISTRATION

Are you presently registered with any professional organisation? Is so, please provide details			
Name of organisation, membership number and copies of professional organisation certificates			
*Has your membership of any professional organisation ever been terminated?	YES	NO	
If YES, please give details			
*Are you registered as a Vendor in terms of the VAT Legislation?	YES	NO	
If YES provide the VAT number			
*Please provide the Income Tax Number:			
*Financial Services Provider Registration:			
FSP Number:			
Date of Registration:			
Licence Categories:			

5. STAFF

Total number of staff employed in your business (including all Directors, Members. Principals):
Number of registered Key Individuals:
Number of registered Representatives:
Are there any givers of advice who are not registered as representatives?
If YES, state reasons;

6. DIRECTORS & PARTNERS

Give the full names of all Directors/Members/Partners, including their percentage holdings ID numbers and date of appointment.

Name and Surname	%	ID Number	Date of Appointment

7. BUSINESS CONTINUITY (MANDATORY FOR SOLE PROPRIETOR)

Please provide us the details of the successor in terms of the Business Continuity Plan:

Name & Surname:	
Telephone number:	Email address:
Fax no.:	
Postal address:	Physical address:
Postal Code:	Street code:

8. *OFFENCES & LITIGATION

8.1. Have any of the persons listed in 6, Key Individuals or Representatives been convicted of any criminal offence other than minor motoring offences during the past ten years YES NO

If YES, please give details

8.2. Is there any civil or criminal (the latter other than a minor motoring offence) litigation pending against any the FSP, persons listed in 6 or Key Individuals YES NO

If YES, please give details

8.3. Have any of the persons listed in 6 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 is such a matter pending? YES NO

If YES, please give details

9. INSURANCE COMPANIES

Give below the names and branch address of the three insurance companies with whom you have an agency

Company	Branch	Premium volume

10. *BUSINESS STRUCTURES & PLANS

Please indicate the classes of business you intend placing business with us

Class of Business	Volume (R)
Property and Casualty	
Health and Accident	
Motor related	
HCV & GIT	
Aviation	
Legal	
Specie and Cash in Transit	
Security Industry Covers	
Other (indicate)	

11. *TYPE OF AGENCY REQUESTED

11.1. CASH AGENT not authorised to receive any money in respect of premiums <input type="checkbox"/>	
11.2. CREDIT AGENT collecting in terms of Section 45 of the Short-Term Insurance Act (Act No 53 of 98) <input type="checkbox"/>	
11.2.1. Please indicate your:	
Financial Year End	
I.G.F Limit	
I.G.F Number	
Attach copy of the RV6, or equivalent, to this application	

12. *COMMUNICATION PREFERENCE

12.1 Do you prefer that all communication be sent directly to the Policyholder

- If "NO", you accept responsibility to ensure that the Policyholder receives the communication
- If no option is selected we will send the communication directly to the Policyholder

YES NO **13. *CONTACT DETAILS**

	Name	Tel no (incl code)	Fax no (incl code)	Email address
Accounts				
Claims				
Policy Admin				
Marketing				

14. TERMS AND CONDITIONS

- I understand that GENERIC Insurance Company Limited may approve or reject this application in its sole discretion. If this application is successful, GENERIC Insurance Company Limited’s standard agreement relating to business of this nature (“the agreement”) will govern the relationship between the parties. I agree that any other terms and conditions on which the applicant may wish to rely are excluded;
- Without limiting the agreement, I warrant that the applicant will at all times comply with all laws and regulations – in particular (but without limitation), those applicable to insurance business;
- I warrant that all of the information contained in this application document is true and correct. I agree it will be a material breach of the agreement if GENERIC Insurance Company Limited approves this application and any of the information supplied by the applicant is incorrect;
- I undertake to immediately advise GENERIC Insurance Company Limited of any change to my status that will impact the application or my FSB licensing status. Failure to comply with this requirement will constitute a material breach of this agreement, and I hereby indemnify GENERIC Insurance Company Limited against any damage or losses that it may suffer as a result.
- I acknowledge that GENERIC Insurance Company Limited will assess this application and the ongoing conduct of the applicant and its representatives by verifying personal information (which includes personal details, credit history, claims information, employment references and any other relevant information) with other insurance companies or their agents, legitimate sources and databases. I consent to GENERIC Insurance Company Limited accessing any personal information about me or the applicant. I agree that GENERIC Insurance Company Limited may access personal information about any representatives of the applicant (including, without limitation, current employees, partners, members, officers, directors and/or trustees) and warrant that I will acquire consent from each of those representatives consenting to GENERIC Insurance Company Limited accessing their personal information upon the reasonable request of GENERIC Insurance Company Limited.
- GENERIC Insurance Company Limited will ensure the integrity and safekeeping of personal information in their possession or under their control. The personal information collected will be for a specific, explicitly defined and lawful purpose that is related to a function of the company. Personal information will be adequate, relevant and not excessive given the purpose. GENERIC Insurance Company Limited agrees that personal information will be destroyed, deleted or ‘de-identified’ as soon as the purpose for collecting the information has been achieved.

I warrant that I am duly authorised to sign this application of behalf of the application	
Signature:	For and behalf of:
Full Name:	
Designation:	
Identity number:	Date:

FOR OFFICE USE ONLY	
Accreditation confirmation sent to agency	YES <input type="checkbox"/> NO <input type="checkbox"/>
Mandate to collect premiums sent (if applicable)	YES <input type="checkbox"/> NO <input type="checkbox"/>
For signature	
Key Individual:	
Date:	