The Liability Company.
LIABILITY MATTERS

An Authorised Financial Service Provider – FSP 50828

INTERMEDIARY APPLICATION

(All information in this document will be treated with the strictest confidence)

1. Name in full, including current trading title, if any:
Previous trading names or agencies with whom you have been associated:
FSP No.:

Type of business: (tick as appropriate)		
☐ Limited liability company	Reg. number:	
☐ Closed corporation	CC number:	
☐ Partnership	Details:	
☐ Sole Proprietor	Details:	
☐ Other	Details:	

2. Address from which the business is conducted:			
		Postal code	
Tel number:		Cell number:	
E-mail address		Fax Number	

Postal address	

3. Profession or occupation of directors/partners: If more than one, please give full details
1.
2.

4. Date business was established or incorporated:
Date of inception of present management:

5. For reference purposes, please give name and address of Principle Banker:	
Name:	
Address:	
Account number:	
If you have changed Bankers in the last 2 years, please give full details below:	

6. Is the applicant, any of its directors, members, partners, or management a registered member of any insurance related professional body or association in South Africa?			
Name:	Industry Association:	Membership No.:	Membership Period:

7. Total number of staff employed in your in your business (including directors, members):

8. Please give the following details with regard to Directors, Members, Principals and Management:	
Full name:	
Capacity:	
Identity Number:	
Professional Qualifications:	
If engaged in business for less than 5 years, give employment details immediately preceding present position:	

Full name:	
Capacity:	
Identity Number:	
Professional Qualifications:	
If engaged in business for less than 5 years, give employment details immediately preceding present position:	

9. Have any persons listed in question 8, 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 sequestrated or entered into arrangements with creditors or been the subject of any statutory or regulatory investigation or inquiry, or been blacklisted by any insurance or related industry association or are any such matters still pending:		
	☐ Yes	☐ No
If yes, please give full details:		

10. Have any of the persons listed in question 8 been convicted of any criminal offence other than a minor motoring offence during the past 10 years:		
	☐ Yes	☐ No
If yes, please give full details:		
11. Is there any civil or criminal (the latter other than a minor motoring offence) litigation or other statutory or regulatory investigation or inquiry pending against any of the persons mentioned in 8 or against the applicant?		
	☐ Yes	☐ No
If yes, please give full details:		

12. Have any persons listed in 8 ever had any insurance related agency application declined, terminated, or granted on special or conditional terms?
☐ Yes ☐ No
If yes, please give full details:

13. Below, give the name and contact details of the three Insurance Companies with whom most of your business is placed:		
Company	Name	Contact Details
1.		
2.		
3.		

14. Please give details of your Professional Indemnity Cover:	
Placed with	
Limit of indemnity	
Policy number	
Expiry date	

15. Please give details of your I.G.F. Cover: (Only if premium is to be handled)	
Placed with	
Limit of indemnity	
Policy Number	
Expiry date	

I/We accept that this application is subject to a credit check.

We further warrant that the information herein contained is true and correct and that I am duly authorised to sign this application form.

Name of Applicant: _____

Designation: _____

Date: _____

Signature of Applicant: _____