

GUARDRISK INSURANCE COMPANY LIMITED BROKER APPLICATION

P O Box 783542
Sandton
2146

Telephone : 0860 002 500
Email: info@guardrisk.co.za
Website: www.guardrisk.co.za

Return the completed application to: Zestlife, Email info@zestlife.co.za, Tel 021 180 4220

General Information

Full name of Business	
Legal Nature of Business	
Company Registration No.	
VAT Registration No.	

Address Details

Postal Address	
City/Town	
Postal code	
Physical address	
City/Town	
Postal code	
Website address link for conflict of interest policy	

FSP Main Contact Details

Contact person name	
Contact person surname	
Office telephone number	
Email address	

Bank Details

Branch	
Bank Name	
Account Holder	
Account Type	
Account Number	
Branch Code	

**** (Please attach a copy of cancelled cheque or bank statement)**

Kindly note that for FAIS & FICA Compliance reasons we require the company banking details to be submitted as per below in order for commission payments to be made. Payment details will be accepted via the following methods (original, faxed or scanned copy and cannot be older than 3 months) *Cancelled cheque or a copy of the bank statement

Contact person for payment of commission and statements

Contact person name	
Contact person surname	
Designation	
Telephone Number	
Email address	

Contact person for distribution of policy documents and policy correspondence

Contact person name	
Contact person surname	
Designation	
Telephone Number	
Email address	

Financial Advisory and Intermediary Services Act

Are you licensed in terms of the FAIS Act?	Yes	No
Please provide the FSP Number		

***Please provide a copy of your FSP license, including annexures*

Compliance Officer details

Name	
Telephone number	
Postal address	
Email address	

Contact Person for complaints

Name	
Telephone number	
Email address	

Key individual details

Name	
Telephone number	
Mobile Number	
Email address	

Protection of Personal Information (POPI)		
Are you, as a business, POPI compliant?	YES	NO
Do you have procedures in place to ensure the safekeeping of information?	YES	NO
Do you advise clients if their information is being used for any other purpose?	YES	NO
Have any of the persons listed above or has any organisation in which they have held a managerial position previously been placed in :		
Provisional or Final Liquidation	YES	NO
Judicial Management	YES	NO
Receivership	YES	NO
Sequestered	YES	NO
Entered into arrangement with Creditors	YES	NO
If yes to any of the above, please provide details:		
Have any of the persons listed above been convicted of any criminal offence during the past 5 years? If yes, please provide details		
Is there any civil or criminal litigation pending against any of the people mentioned or against the applicant? If yes, please provide details		
Have any of the people mentioned ever had an agency application declined, terminated or granted on special terms? If yes, please provide details		

Current split of business			
List of current Insurers supported and % of business with Insurer			
Name of Insurer	Class of Insurance	%	
Does the Intermediary own more than 10% of issued shares directly or indirectly in any Life Insurer or Financial Product provider? If Yes please state the name of the business:		YES	NO
Is the intermediary an associated company of any Life Insurer or Product provider?		YES	NO
Has the intermediary earned more than 30% of total remuneration from Guardrisk Insurance Co Ltd and Guardrisk Life Ltd within the last 12 months?		YES	NO

This application relates to business to be introduced by the broker as an independent broker on behalf of its clients. All information provided in this application will be kept confidential and comply at all times with the Protection of Personal Information Act, No 4 of 2013 ("POPI")

Signature _____

who by his or her signature hereto warrants that he/she is duly authorised to sign this application

Name _____

Date _____

- | | |
|--|----------|
| FSP licence with annexures attached | Yes / No |
| PI Cover attached | Yes / No |
| Cancelled cheque / original certified bank confirmation attached | Yes / No |
| Vat certificate if applicable | Yes/ No |
| Membership certificates attached (where applicable) | Yes / No |
| Signed Intermediary agreement attached | Yes / No |

Please note that all required information and documentation must be submitted in order for an application to be accepted. Guardrisk reserves the right to request evidence of PI cover and TCF

Completed forms and supporting documents can be emailed to Zestlife at info@zestlife.co.za.