

Guardrisk Insurance Company Limited Broker Application

SECTION A: GENERAL INFORMATION

Full name of business	<input type="text"/>		
Legal nature of business	<input type="text"/>		
Company registration number	<input type="text"/>	VAT registration number	<input type="text"/>

Documents to attach

1. Copy of Certificate of incorporation
2. Copy of BBEE certificate
3. Copy of VAT certificate

SECTION B: ADDRESS DETAILS

Postal address	<input type="text"/>	Postal code	<input type="text"/>
Physical address	<input type="text"/>	Postal code	<input type="text"/>
Website address link for conflict of interest policy	<input type="text"/>		

SECTION C: FSP MAIN CONTACT DETAILS

Contact person name	<input type="text"/>
Contact person surname	<input type="text"/>
Office telephone number	<input type="text"/>
Email address	<input type="text"/>

SECTION D: BANK DETAILS

Bank	<input type="text"/>		
Branch name	<input type="text"/>		
Account holder	<input type="text"/>		
Account number	<input type="text"/>		
Account type	<input type="text"/>	Branch code	<input type="text"/>

Documents to attach

1. Bank account FICA document not older than 3 months.

Kindly note that for FAIS & FICA Compliance reasons we require the company banking details to be submitted in order for commission payments to be made.

SECTION E: CONTACT PERSON FOR PAYMENT OF COMMISSION AND STATEMENTS

Contact person name	<input type="text"/>
Contact person surname	<input type="text"/>
Designation	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

SECTION F: CONTACT PERSON FOR DISTRIBUTION OF POLICY DOCUMENTS AND CORRESPONDENCE

Contact person name	<input type="text"/>
Contact person surname	<input type="text"/>
Designation	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

SECTION G: FINANCIAL ADVISORY AND INTERMEDIARY SERVICES ACT

Are you licensed in terms of the FAIS Act? Yes No

FSP Number	<input type="text"/>
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Documents to attach

1. Copy of your FSP license, including annexures.

SECTION H: COMPLIANCE OFFICER DETAILS

Name	<input type="text"/>	
Telephone number	<input type="text"/>	
Postal address	<input type="text"/>	Postal code <input type="text"/>
Email address	<input type="text"/>	

Documents to attach

1. Provide a letter from the Compliance officer confirming they are the compliance officer and a declaration confirming the following is in place:

- Rep/Ki register
- Risk Management Framework/ Policy and a Risk Register.
- Disaster Recovery and Business Continuity plans.
- FICA RMCP and processes if signing up for Life products. Not required for non-life products.
- Conflict of Interest Policy.

SECTION I: CONTACT PERSON FOR COMPLAINTS

Name	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

SECTION J: KEY INDIVIDUAL DETAILS

Name	<input type="text"/>	
Telephone number	<input type="text"/>	Cell phone number <input type="text"/>
Email address	<input type="text"/>	

SECTION N: 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

SECTION O: ADDITIONAL INFORMATION

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

Sequestrated

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?

Yes No

If yes, please provide details:

Is there any civil or criminal litigation pending against any of the people mentioned or against the applicant?

Yes No

If yes, please provide details:

Have any of the people mentioned ever had an agency application declined, terminated or granted on special terms? Yes No

If yes, please provide details:

SECTION P: 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 Insurer or Financial Product provider? Yes No

If yes, please state the name of the business:

Is the intermediary an associated company of any 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 it's 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

Please ensure the following attachments are provided:

- 1. Certificate of incorporation
- 2. VAT certificate (if applicable)
- 3. BBBEE certificate
- 4. Bank account FICA documentation (not older than 3 months)
- 5. FSP licence with annexures
- 6. Letter from Compliance Officer as explained above
- 7. Professional Indemnity and Fidelity Guarantee cover
- 8. Signed Intermediary agreement

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.

GUARDRISK INSURANCE COMPANY LIMITED

P O Box 783542 Telephone: 0860 002 500
 Sandton Email: info@guardrisk.co.za
 2146 Website: www.guardrisk.co.za