

AGENCY APPLICATION FORM

Date of Application:	
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SECTION 1 – GENERAL INFORMATION

A	If the applicant is an Individual	
1	Name of Individual	
2	Title:	
3	Initials:	
4	First Names:	
5	Surname:	
6	ID Type:	
7	ID Number:	
8	Other:	

B	If the applicant is a Business		
1	Company Type:		
2	Company Name:		
3	Business Registration Number:		
4	Vat Registration Number (if applicable):		
5	Names of Directors/Members:	1.	
		2.	
		3.	
		4.	
6	Email Address:		
7	Telephone Number:	Code:	Number:
8	Number of staff:	Underwriting:	

		Claims:	
		Administration:	
		Accounts:	
		Management:	

		Other:	
9	Sales People:	1.	
		2.	
		3.	
		4.	
		5.	
10	Are services rendered under supervision		

11	Key Individual Full Name:	1.	2.
	ID Number:	1.	2.
	Date of appointment:	1.	2.

C	Contact / Address Details		
	Physical Address:		
		Code:	
	Postal Address:		
		Code:	

D	Agency Details		
1	Do you conduct any other activities apart from insurance business?	YES	NO
	Kindly specify:		
3	Are you a member of any Insurance Association?	YES	NO

	If Yes, give details:	
4	Complaints procedure	Contact Person/Department: Tel: Email Address:

SECTION 2 – BANK DETAILS		
BANK ACCOUNT DETAILS		
1	Account Holder:	
2	Bank Name:	
3	Branch Name:	
4	Branch Code:	
5	Bank Account Type:	
6	Bank Account Number:	

SECTION 3 – FAIS COMPLIANCE DETAILS

1	FAIS Licence Number:		
2	Date of Issue:		
4	Licence Categories	Commercial Lines	
		Personal Lines	
		Personal Lines A1	

7	Have you previously had an agency contract cancelled?	YES	NO
8	If yes, please supply full detail:		
9	Compliance Officer:		
10	Compliance Practice Number:		

11	Telephone Number:		
12	Facsimile Number:		
13	E-mail Address:		
14	Postal Address:		
15	Do you have Professional Indemnity Insurance?	YES	NO
15.1	Name of Insurer(s):		
15.2	Policy Number(s):		
15.3	Indemnity Limits:		
15.4	Expiry Date(s):		
17	Do your key individuals meet the FAIS Fit and Proper requirements?	YES	NO
18	Does your organisation meet the FAIS Operational requirements?	YES	NO

19	Does your organisation comply with the FAIS Financial soundness requirements?	YES	NO
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SUPPORTING DOCUMENTATION TO ACCOMPANY THIS APPLICATION:	
Copy of FSP License	
Copy of Professional Indemnity Schedule	
Company Registration Certificate	
VAT Registration Certificate – if applicable	
Proof of Bank Account	
Copy of ID –Key Individual	

TO WHOM IT MAY CONCERN

Compliance Officer Attestation

I, _____, with Compliance Officer number _____, appointed by _____ (FSP) as their external compliance officer, herewith declare the following plans and policies are in force and up-to-date:

1. Risk Management Plan
2. Compliance Policy
3. TCF Policy
4. Business Continuity Plan

Compliance Officer Signature:

Date:

The undersigned hereby warrants that the information provided is true and correct and warrants that he/she is authorised to submit this declaration and application.

Name: _____

Signature: _____

Capacity: _____

Date: _____

Place: _____