

**BROKER APPLICATION**

***N.B. - TO ENSURE SMOOTH APPROVAL PROCESS PLEASE COMPLETE ALL SECTIONS AND PROVIDE US WITH ALL THE NECESSARY SUPPORTING DOCUMENTATION.  
- ALL INFORMATION IN THIS DOCUMENT WILL BE TREATED IN THE STRICTEST CONFIDENCE.***

**Are you FAIS compliant Y/N** \_\_\_\_\_  
**If Yes, FSP registration number** \_\_\_\_\_

**Details**

1. (a) Name in full, including current trading title, if any:  
\_\_\_\_\_  
\_\_\_\_\_

Previous trading names or agencies with whom you have been associated:-  
\_\_\_\_\_  
\_\_\_\_\_

(b) Type of business (tick as appropriate)

Partnership  Sole Proprietor

Company (please state registered no.)  \_\_\_\_\_

Closed Corporation (please state c.c. no.)  \_\_\_\_\_

Other (please give details)  \_\_\_\_\_

2. (a) Address from which the business is conducted:  
\_\_\_\_\_  
\_\_\_\_\_

Telephone no: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Cellular no: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

(b) Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Profession or Occupation (if more than one, please give full details).  
\_\_\_\_\_  
\_\_\_\_\_

4. (a) Date the business was established or incorporated : \_\_\_\_\_  
(b) Date and names of inception present management:  
\_\_\_\_\_  
\_\_\_\_\_



5. For reference purposes, please give name and address of your Principal Banker:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Account No: \_\_\_\_\_ Branch Code: \_\_\_\_\_

Branch Name: \_\_\_\_\_

If you have changed your Principal Banker in the past 2 years, please give these details as well.

\_\_\_\_\_

6. This question is applicable only to SAIFSA/IBC registered brokers.

(a) If the applicant is a Limited Company, is it enrolled as a body corporate? Yes / No

(b) If the applicant is a Partnership, are all Partners personally registered? Yes / No

(c) If the applicant is a Sole Proprietor, is he personally registered? Yes / No

Please state membership number: \_\_\_\_\_

7. Total number of staff employed in your business (including Directors, Members etc.)

\_\_\_\_\_

8. Please give the following details with regards to Directors, Members, and Principals etc.

Full Name: \_\_\_\_\_

\_\_\_\_\_

Professional Qualifications: \_\_\_\_\_

\_\_\_\_\_

If engaged in the business less than 5 years, give employment details for the 5 years immediately preceding present position:

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

(d) \_\_\_\_\_

(e) \_\_\_\_\_

9. Have any of the persons listed in 8, or has any organization 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 previously or finally sequestrated or entered into arrangements with creditors or are any such matters still pending.  
YES / NO

If yes, please give details:

\_\_\_\_\_

\_\_\_\_\_

10. Have any of the persons listed in 8, been convicted of any criminal offence other than minor motoring offences during the past 10 years? YES/NO

If yes, please give details:

\_\_\_\_\_

\_\_\_\_\_



11. Is there any civil or criminal (the latter other than a minor motoring offence) litigation pending against any of the persons mentioned in 8 or against the Applicant? YES/NO  
If yes, please give details:  
\_\_\_\_\_
12. Have any of the persons listed in 8 ever had an agency or an agency application declined or terminated or granted special terms? YES/NO  
If yes, please give details:  
\_\_\_\_\_
13. Below, give the name and branch address of the 3 Insurance Companies with whom most of your business is placed:
- | Company   | Branch |
|-----------|--------|
| (a) _____ | _____  |
| (b) _____ | _____  |
| (c) _____ | _____  |
14. Please give details of your Professional Indemnity Cover:
- 14.1 Placed with \_\_\_\_\_
- 14.2 Limit of Indemnity R \_\_\_\_\_
- 14.3 Expiry date \_\_\_\_\_
15. Give particulars of any IGF Guarantee you hold  
\_\_\_\_\_
16. Structure of Insurance Portfolio
- 16.1 Please provide an indication of the make up of your short term portfolio:
- a) Motor Insurance  
Annually Paid Gross Premium = R \_\_\_\_\_  
Monthly Paid Gross Premium = R \_\_\_\_\_
- b) Personal Insurance's (excluding Motor)  
Annually Paid Gross Premium = R \_\_\_\_\_  
Monthly Paid Gross Premium = R \_\_\_\_\_
- c) Commercial Insurance's (excluding Motor)  
Annually Paid Gross Premium = R \_\_\_\_\_  
Monthly Paid Gross Premium = R \_\_\_\_\_
- 16.2 Please provide an indication as to the amount and type of business you propose to place with us:
- a) On appointment / Motor R \_\_\_\_\_  
or within 3 months  
TOTAL R \_\_\_\_\_
- b) After 12 months Motor R \_\_\_\_\_  
TOTAL R \_\_\_\_\_
17. Tax Status. Please provide details as follows:
- 17.1 Tax Number \_\_\_\_\_
- 17.2 VAT Number \_\_\_\_\_



18. Black Economic Empowerment Status

Please provide us with your BEE status as per The Broad Based Black Economic Empowerment Act, 2003 (Act 53 Of 2003).

**Terms and Conditions**

I/We wish to be appointed as an agent of Beyonda Group (Pty) Ltd.

I/We further accept that this application form will be subject to:

- A credit check and relevant background inquiries.
- All premiums being paid in advance and collected by Kindle Insurance Technologies.

I/We further warrant that the information herein contained is true and correct and I/we will abide by the Insurer's underwriting and claims handling instructions. Beyonda (Pty) Ltd. shall not be liable for any act of the Agent, which is in excess of the Agents authority. Such act and any liability attaching thereto will revert back to the agent. This agreement may be cancelled if Beyonda (Pty) Ltd. is not satisfied with the manner in which the Agent conducts the business and/or the loss ratio of such business is unacceptable. Commission shall cease to be paid at any time in respect of any insurance which is transferred from the Agent on the instructions of the Insured.

Signature/s: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

I consent to Centriq, and its operators, processing, and further processing, my personal information in accordance with the Protection of Personal Information Act, for the purposes of concluding, and performing in terms of, this insurance contract.

For further information please read our Privacy Notice, which can be found on [www.centriq.co.za](http://www.centriq.co.za)

**The Following documents should be submitted together with signed application form:**

- Copy of VAT registration certificate
- Copy of your CM1 (companies) or CK1 (close corporations)
- Copy of FSCA certificate with annexure
- Details of Compliance Officer
- Copy of "Notice of disclosure to policy holders"
- Copy of Professional Indemnity Policy Schedule

**FOR OFFICE USE ONLY**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Details captured on Kindle by: \_\_\_\_\_ Date: \_\_\_\_\_