



INDEPENDENT INTERMEDIARY APPLICATION FORM

SECTION 1 – BUSINESS / ORGANISATION

Registered Company Name: _____

Trade Name: _____

Type of business (tick as applicable)

Limited Liability Company (please state reg. number): _____

Partnership

Sole Proprietor

Close Corporation (please state CK number): _____

Natural Person (affidavit required in term of commission of earning)

Other: _____

Date the business was established/incorporated: _____

SECTION 2 - ADDRESS / CONTACT INFO

Section 2 must be completed per branch.

Address from which the business is conducted: _____

Telephone no: _____ Fax no: _____

Postal address: _____ Postal code: _____

Email address: _____

Contact person: _____ Cell No: _____

Record keeping in accordance with the Act is stored at this facility: _____

Record keeping facility address: _____

SECTION 3 - BANKING

For commission payments, please supply your banking details:

Bank Name: _____ Type of Account: _____

Branch Name: _____ Branch Code: _____

Account Number: _____

Account Holder: _____

SECTION 4 - MEMBERSHIP

Are you presently registered with any professional organization – if so please provide details Yes / No

Name of organization: _____ Membership Number: _____

SECTION 7 – PI / FG & IGF

Do you have professional indemnity (PI) cover in place? Yes / No

(If yes, please attach a copy of the certificate)

Have you ever had a PI claim lodged against your organisation? Yes / No

If yes, please give details: _____

Do you have fidelity guarantee (FG) cover in place? Yes / No

(If yes, please attach a copy of the certificate)

Have you ever had a FG claim lodged against organisation? Yes / No

If yes, please give details: _____

Do you have intermediaries guarantee facility (IGF) facility in place? Yes / No

(If yes, please attach a copy of the certificate)

SECTION 8 – FEES

Please indicate the proposed fees you intend charging your client (or attach an annexure of proposed fees):

Description	Commercial Lines Value / Percentage	Personal Lines Value / Percentage
Broker Fee		
Advice Fee		
Other:		
Other:		
Other:		

SECTION 9 – DECLARATION

Do you have any other agency agreements with other insurers? Yes / No

If yes, please declare/list: _____

Has any licence to conduct business, including a FSP licence issued under the FAIS Act of 2002 ever been suspended, removed or endorsed by any order or decree by any applicable authority? Yes / No

If yes, please provide details: _____

SECTION 10

I wish to be appointed an intermediary of Suretimes Insurance Administrators (Pty) Ltd ("SIA"), in respect of the Insurer, Hollard Insurance Co. Ltd. Subject to the Sub-Agency Independent Intermediary Agreement Terms and Conditions. I further warrant that the information herein is true and correct to the best of my knowledge and confirm that I am prepared to furnish SIA with any other relevant information that it may require.

Signature: _____ Date: _____

Capacity: _____