INTERMEDIARY APPLICATION FORM

Please take note that this application cannot be processed if ALL fields and pages (3) are not completed in full.

Date of application:	Inception date of facility requested:

Company Details

Name in full, including current trading title, if any:

Previous trading names, agencies of brokers with whom you have been associated:

Type of business — tick as appropriate:

	Limited liability company	Registration no.:
	Close corporation	Registration no.:
	Partnership	
	Sole proprietor	
	Other	Please give details:

Please list the names and ID numbers of all directors/members/partners:
1.
2.
3.
4.

Please list the names and ID numbers of all key individuals:
1.
2.
3.
4.

Contact Details

Physical address from which business is conducted:	
Tel no.:	Website address:
E-mail address (general):	Postal address:
E-mail address (commissions):	Cell no.:
E-mail address (claims):	Fax no.:

Dates

Date business was established or incorporated:
Date of inception of present management:

Banking Details

Name of bank:
Account no.:
Branch code:

List the names of the other insurance companies and/or underwriting agencies with whom you place business:	**Approximate annual premium income:**
1.	
2.	
3.	
4.	
5.	
6.	

Please provide details as follows: Y/N	**Reference number:**
Are you a provisional taxpayer?	
Do you pay PAYE?	
Income tax number:	
VAT registration number:	

Financial Advisers and Intermediary Services Act

Please note that your application cannot be approved if you have not registered in terms of FAIS.

Are you licensed in terms of the Financial Advisers and Intermediary Services Act (FAIS)?	YES	NO
If yes, please provide your FSP number:		
Name of Compliance Officer:		
Contact details	Tel no.:	Cell no.:

PI Cover details (please attach supplementary proof)

Personal Indemnity Cover (Compulsory)
Underwriter:
Limit of indemnity:
Policy number:
Expiry date:

PROPOSAL COMPLETED BY	SIGNATURE	DATE

(Block letters)

IMPORTANT NOTICE:

The acceptance of this proposal is subject to the final approval of MSB Insurance Administrators. MSB will not accept responsibility for cover until written confirmation has been issued.

	NEW AGENCY CHECKLIST
	Copy of intermediary application form—MSB
	Copy of intermediary agreement—MSB
	Copy of intermediary application form—OM Insure
	Copy of FSB license (including annexures)
	Copy of VAT certificate (if applicable)
	Permission to do a credit check
	Copy of Personal Income Tax Document
	Logo in JPEG format
	Copy of linkage form
	Proof of bank account details
	FOR OFFICE USE
	Added to workflow
	Added to mailing list
	Linkage instruction sent to OM Insure
	OM Insure contract sent for processing