

AGENCY APPLICATION / ACCREDITATION

Broker Number _____

Date of Application:	
Agent / Broker Details:	
Business Name of Applicant:	

CONTACT DETAILS	
Business Physical Address:	
	Code: <input type="text"/>
Business Postal Address:	
	Code: <input type="text"/>
Business Telephone Number:	
Business Fax Number:	
Contact Person - Cell Number:	
Contact Email Address:	
Website Address:	
Language Preference	

PREVIOUS OPERATIONS	
Have you, your business or any of your business partners previously operated under any other trade name?	YES
Specify names and period:	NO

TYPE OF LEGAL ENTITY			
Individual	YES	NO	
Partnership	YES	NO	
Registered Company	YES	NO	Reg No.
Close Corporation	YES	NO	Reg. No.
Other – Describe			

STAFF CONTACT	
Contact: Brokers	
Contact: Policy Administration:	
Contact: Claims Administration:	
Contact: Premium Collection/Accounts:	

VAT STATUS & TAX		
Are you a Registered VAT Vendor?	YES	NO
VAT Number		
Are you a PAYE taxpayer? Do you have a PAYE directive? If so, %.....	YES	NO

Has any provisional or final liquidation or insolvency order ever been issued in respect of the applicant or any director/partnership/member thereof? If yes, provide full details on separate report	
Policies, endorsements, renewal notices, covering letters, debit notes to be sent	Direct to agent.....Yes / No Direct to Client.....Yes / No

POLICYHOLDER PROTECTION RULES (Complete if applicable)			
Do you comply with PPR?	YES	NO	N/A
Details if no:			
Do you send statutory notices?	YES		NO
Do you disclose admin fees?	YES		NO
Do you disclose commissions?	YES		NO

INSURANCE ACT: PREMIUM COLLECTION	
<p><i>An agent (credit agency) collecting premiums on behalf of an insurer must have a valid IGF or bank guarantee and must enter into a separate agreement with an insurer to do so. Agents without a guarantee will be treated as cash agents (premium must be paid directly by insured's (clients) to insurers).</i></p>	
Cash Agent:	
Credit Agent:	
Guarantee obtained from:	
Guarantee number (attach copy):	

Renewal date:	
Do you have fidelity guarantee insurance? Yes / No	
If yes, limit of liability....	

FAIS DETAILS			
Are you a registered in terms of FAIS?		YES	NO
FAIS License Number:			
Compliance Officer:			
Are client funds held in a separate bank account?		YES	NO
Do the key individuals of your organisation meet the FAIS fit and proper requirements?		YES	NO
Does your organisation meet the FAIS operational requirements?		YES	NO
Does your organisation comply with the FAIS financial soundness requirements?		YES	NO
Please describe / give details regarding the following procedures / operational processes / how the following is handled:			
Recording of advice given:			
Compliance with FICA:			
Recording of complaints:			
Complaints handling procedure:			
Professional Indemnity	Have you arranged Professional Indemnity Insurance? And does it include transacting in Aviation/ Aircraft Insurance?	YES	NO
	PI Insurance Company Name:		
	Limit of indemnity		
	Policy number <i>(Attach copy of policy schedule)</i>		
	Renewal date:		
	Previous claims experience:		
Have you or any Partner / Director / Member ever been insolvent, under	YES	NO	Details if yes:

provisional liquidation or compromised with your creditors?			
Have you or any Partner / Director / Member ever been found guilty of any crime, or are any civil or criminal legal proceedings in action against you or any Partner / Director / Member?	YES	NO	Details if yes:

BANKING DETAILS – COMPANY ACCOUNT			
Commission payable directly into your account?	YES		NO
Name of bank:			
Branch name:			
Branch Number:			
Name of Account Holder:			
Account Number:			
Type of Account:	Cheque	Savings	Transmission

BUSINESS CONDUCTED BY YOUR ORGANISATION			
Do you conduct both life and short-term business? (Please 4)	Short-term		Life
Do you conduct any other activities apart from insurance business?	YES		NO
Description of other business:			
Please indicate the level of premium you anticipate generating annually through this agency			
Anticipated Gross Annual Premium:			

REMUNERATION	
Any other charge to policyholders:	

GENERAL	
Are you a member of any professional Insurance Association	YES
If YES, give details	NO

I / We hereby make application for an agency with Azriel Aviation Africa Underwriting Agency (Pty) Ltd and warrant that the foregoing is correct and agree and undertake to abide by and comply with the conditions of appointment if appointed

The following documents must be attached to this application

1. Certified copy of VAT certificate;
2. Certified copy of FAIS licence;
3. Bank Details on the Company Letterhead

APPLICANT'S SIGNATURE

DATE

Approved by Director of Azriel Aviation Africa Underwriting Agency (Pty) Ltd

AUTHORISED AAA SIGNATORY

DATE