



AZRIEL
AEROAVIATION
 ASCEND • ADVANCE • ACHIEVE

Azriel Aero Aviation Underwriting Managers (Pty) Ltd
 Reg Number: 2001/8004487/07
 VAT Number: 46601947158
 FSP Number: 43029



CENTRIQ
 INSURANCE INNOVATION

Centriq Insurance Company Limited
 Reg Number: 1998/007558/06
 VAT Number: 4230187124
 FSP Number: 3417

AGENCY APPLICATION FORM

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

CONTACT DETAILS

Business Physical Address:			Code:	
Business Postal Address:			Code:	
Business Telephone Number:				
Business Fax Number:				
Contact Person - Cell Number:				
Contact E-Mail 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	NO
Specify names and period:		

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 Collections / 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 a separate report	YES / NO		
Policies, endorsements, renewal notices, covering letters, debit notes to be sent	Direct to Client Direct to Insured		YES / NO 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 commission?	YES	NO	
INSURANCE ACT: PREMIUM COLLECTION			
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).			
Cash Agent:			
Credit Agent:			
Guarantee obtained from:			
Guarantee number (attach copy):			
Renewal date:			
Do you have fidelity guarantee insurance?	YES	NO	
If yes, limits of liability:			
FAIS DETAILS			
Are you registered in terms of FAIS?		YES / NO	
FAIS License Number:			
Compliance Officer:			
Are clients 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 (attach copy of policy schedule):		
	Renewal date:		
Previous claims experience:			
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 tick)	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		NO
If yes please give details:			

I / We hereby make application for an agency with Azriel Aero Aviation Underwriting Managers (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 license
- 3) Used cheque and official bank statement

.....
 APPLICANT'S SIGNATURE

.....
 DATE

Approved by Director of Azriel Aero Aviation Underwriting Managers (Pty) Ltd

.....
 AUTHORISED AAA SIGNATORY

.....
 DATE