

Vat No: 4920108935

P O Box 1717, Bromhof, 2154

Tel: 0861 000 519 / Fax: 086 585 9376

E-mail: info@vapsure.co.za / www.vapsure.co.za

BROKER APPLICATION FORM:

The issuance or completion of this form does not constitute an appointment or authority to represent Bryte Insurance Company Limited or to bind the insurer to any risk prior to the approval by the Company of this application and the conclusion of a written agreement as contemplated by the short term insurance act no 53 of 1998 amended and any regulations made under section 70 thereto. All information on this document will be treated in the strictest confidence.

Please take note that this application cannot be processed until ALL fields and pages (5) are completed in full.

I warrant that the information herein is true and correct to the best of my knowledge. I confirm that I am prepared to furnish Bryte Insurance Company Limited with any other relevant information that may be required. I further authorise Bryte Insurance Company Limited to obtain any relevant information they deem fit and authorise any third party to provide the relevant information to independently verify that the information contained in this application form is correct, determine my / our financial strength, determine my / our operational ability and / or determine my/our business performance.

COMMITMENT TO THE FOLLOWING PRINCIPLES:

This Agency Agreement is being entered into on the clear understanding of the following three principles which are of critical importance to Bryte Insurance Company Limited and its possible business relationship with the applicant.

Both parties themselves to conduct their affairs in accordance with all prevailing legislation, but over and above that, undertake to maintain high standards of honesty, integrity and transparency in their dealings with each other.

Both parties agree to maintain good administration, accounting and “back-office” standards. Both parties recognise that inefficiency in these areas ultimately results in problems for the business and the mutual relationship.

Both parties agree to work together for the mutual benefit of profit for all concerned (broker and Bryte) whilst never compromising fair dealing, honesty and speedy service to the insured.

In addition to this completed document we will need a copy of your current P.I. Certificate and if you collect premiums a copy of your I.G.F. Certificate.



vap-sure



Bryte

(NB- This application CANNOT BE PROCESSED unless ALL fields are completed in full)

COMPANY DETAILS:

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

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

TYPE OF BUSINESS:

Limited liability Company or Close Corporation: _____

Registration No: _____

Partnership or Sole Proprietor: _____

CONTACT DETAILS:

Physical Address: _____

Area Code: _____

Postal Address: _____

Area Code: _____

TEL (W): _____

CELL: _____

Email Address: _____

Website address: _____

FINANCIAL ADVISERS & INTERMEDIARY SERVICES ACT INFORMATION:

FSP No: _____

CAT: _____

Exemptions: _____

Compliance Officer:

Name: _____

Surname: _____

Tel: _____

Email: _____

Postal Address: _____

Area Code: _____

Please list the names, I.D. numbers and occupations of all directors, members or partners:

Name:	_____
ID Number:	_____
Occupation:	_____
Name:	_____
ID Number:	_____
Occupation:	_____
Name:	_____
ID Number:	_____
Occupation:	_____
Name:	_____
ID Number:	_____
Occupation:	_____

Have any of the persons listed above, or has any organisation 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 provisionally or finally sequestrated or entered into arrangements with creditors or are any such matters still pending? If yes, please provide full details.

Have any of these persons been convicted of any criminal offence during the past ten years or is there any civil or criminal litigation pending against them? If yes, please provide full details.

Have any of these persons ever had any agency or an agency application declined, terminated or granted on special terms? If yes, please provide full details.



vap-sure



Bryte

Date business was established or incorporated: _____

Date of inception of present management: _____

State any insurance/broker/underwriting association related membership

Association: _____

Association: _____

Association: _____

BANKING DETAILS (Proof required):

Name of bank: _____

Branch: _____

Branch code: _____

Account type: _____

Account number: _____

Account holder: _____

Have you changed bankers during the last two years, if Yes please advise

FACILITY/CONTRACT DETAILS:

List details of three Insurance Companies and/or Underwriting Agencies with whom most of your business is placed

Company Name: _____

Company Branch: _____

Contact Person: _____

Contact Number: _____

Period of agreement: _____

Monthly Premium: _____

YTD loss ratio: _____

List the names of any other insurance company and/or underwriting agency with whom you place business

TAX STATUS:

Are you a provisional tax payer? _____

Do you pay on PAYE system? _____

Income tax number: _____

VAT registration number: _____

INSURANCE COVER DETAILS (Please attach supplementary proof):

Professional Indemnity Cover (Compulsory)

Underwriter: _____

Limit of indemnity: _____

Policy number: _____

Inception Date: _____

Expiry date: _____

I.G.F. Cover

Underwriter: _____

Limit of indemnity: _____

Policy number: _____

Inception Date: _____

Expiry date: _____

Who is covered under the PI policy, e.g. only Directors, all staff? Please specify

Details of Insurance software i.e. Grail, CIMS, Flexibroker

LEGAL:

Details of all current legal matters including, but not limited to, any proposed sale of business, commercial legal disputes or FAIS complaints received or entertained within the last three years.



TECHNICAL DETAILS OF EMPLOYEES:

Number of employees: _____

Employee: _____ Short-Term Experience: _____

Short-Term related qualifications: _____

Employee: _____ Short-Term Experience: _____

Short-Term related qualifications: _____

Employee: _____ Short-Term Experience: _____

Short-Term related qualifications: _____

Employee: _____ Short-Term Experience: _____

Short-Term related qualifications: _____

Employee: _____ Short-Term Experience: _____

Short-Term related qualifications: _____

Employee: _____ Short-Term Experience: _____

Short-Term related qualifications: _____

Employee: _____ Short-Term Experience: _____

Short-Term related qualifications: _____

Employee: _____ Short-Term Experience: _____

Short-Term related qualifications: _____

Employee: _____ Short-Term Experience: _____

Short-Term related qualifications: _____

Employee: _____ Short-Term Experience: _____

Short-Term related qualifications: _____

Employee: _____ Short-Term Experience: _____

Short-Term related qualifications: _____

Employee: _____ Short-Term Experience: _____

Short-Term related qualifications: _____

Employee: _____ Short-Term Experience: _____

Short-Term related qualifications: _____

Employee: _____ Short-Term Experience: _____

Short-Term related qualifications: _____

Employee: _____ Short-Term Experience: _____

Short-Term related qualifications: _____

Employee: _____ Short-Term Experience: _____

Short-Term related qualifications: _____



vap-sure



Bryte

Amount of business to be placed at inception:

Amount of business within 6 months of inception:

Amount of business after 12 months:

WHERE DO YOU OBTAIN / SOURCE BUSINESS?:

Do you obtain business via any sub brokers?

Please supply full details of all sub brokers on a separate sheet, giving all contact details

By your signature hereto, you hereby consent and authorize Bryte Insurance Company Limited to furnish any consumer credit information to any registered credit bureau or other credit provider, and agree that they may request information concerning the Company and any of its Shareholders/Members/Directors and or employee's from any registered credit bureau or any credit provider in order for Bryte Insurance Company Limited to conduct a credit assessment or affordability assessment in respect of the Company and any of its Shareholders/Members/Directors and or employees.

The acceptance of this application is subject to the approval of Bryte Insurance Company Ltd. No risks will be undertaken until written confirmation of acceptance has been given.

Signature:

Name:

Date:

Office Use:

Date received at Bryte:

Checked by Marketing:

Approved by:

Proof of PI attached:

Date:

Processed by:

Date:

Inception date of facility:
