

Specialist Specie Underwriters: Fine Art, Collectables, Gem & Jewels, Cash in Transit, Vault Storage, Negotiable Instruments and Precious Metals

AGENCY APPLICATION

DOCUMENTATION	
The Following Documents must accompany this application:-	
FAIS License – all pages	Company Registration Certificate
IGF Guarantee Approval or bank guarantee – if applicable	VAT Registration Certificate – if applicable
Confirmation of banking details	Proof of Professional Indemnity cover

Where a Yes/No response is required, please tick with an 'X' that response which applies.

GENERAL DETAILS			
Date of Application:			
Name of Applicant as registered with the Financial Services Board:			
Branch:			
Pty / CC Registration Number / I D Number if Sole Trader:			
Vat Registration Number:			
Name of Chief Executive Officer:			
Names of Directors/Members:	1.	4.	
	2.	5.	
	3.	6.	
Email Address:			
Telephone Number:	Code:	Number:	
Facsimile Number:	Code:	Number:	
Physical Address:			Code:
Postal Address:			Code:
Have you previously operated under any other trade name?:	<input type="text" value="Y / N"/>		
Specify name and period:			

Number of employees:	Underwriting:		
	Claims:		
	Administration:		
	Other:		
Do you conduct any other activities apart from insurance business?:	<input type="text" value="Y / N"/>		
Specify:			

Are you conducting business on behalf of any other insurer(s) / underwriting managers?	<input type="text" value="Y / N"/>		
Kindly supply three references:	Company	Contact Name	Contact Number

Do you fully comply with the Policyholder Protection Rules? If No, give details:	<input type="text" value="Y / N"/>		
Do you send statutory notices?	<input type="text" value="Y / N"/>		
Do you disclose admin fees?	<input type="text" value="Y / N"/>		
Do you disclose commissions?	<input type="text" value="Y / N"/>		
Do you provide any administration functions?	<input type="text" value="Y / N"/>		
If Yes, provide details:	Risk Management:		
	Policy Administration:		
	Claims Administration:		
	Premium Collection:		
	Other:		
Are you a member of any Insurance Association?	<input type="text" value="Y / N"/>		
If Yes, give details:			
Do you have an IGF or Bank Guarantee?	<input type="text" value="Y / N"/>		

Guarantee obtained from:	
Guarantee Number:	
Expiry Date:	
Name of Auditors:	
May we approach your Auditors for Information, if required?	<input type="text" value="Y/N"/>

BANK ACCOUNT DETAILS	
Account Holder:	
Bank Name:	
Branch Name:	
Branch Code:	
Trading Account Number:	
Trust Account Number:	
FAIS COMPLIANCE DETAILS	
FAIS Licence Number:	
Date of Issue:	

Authorisation:	Financial Services Provider		
	Financial Intermediary Service Provider		
CATEGORY (for which you are FAIS Licenced)	KEY INDIVIDUAL/CONTACT PERSON	CONTACT DETAILS	
	1.		
	2.		
	1.		
	2.		
	1.		
	2.		
	1.		
	2.		

Exemptions under license:	
Special conditions or prohibitions under license:	
Compliance Officer:	
FSB Practice Number:	
Telephone Number:	
Facsimile Number:	
E-mail Address:	
Postal Address:	
Do you have Professional Indemnity Insurance?	<input type="text" value="Y / N"/>
Name of Insurer:	
Policy Number:	
Indemnity Limits:	
Expiry Date:	

Do you have Fidelity Guarantee Insurance?	<input type="text" value="Y / N"/>
Name of Insurer(s):	
Policy Number(s):	
Indemnity Limits:	
Expiry Date(s):	

The undersigned hereby warrants that the answers hereto are true and correct to the best of his/her knowledge and warrants that he/she is authorised to submit this declaration and application.

Name: _____

Signature: _____

Designation: _____

Date: _____