



Broker application form

Registered brokerage/trading name	
Previous trading names, agencies or brokers with whom you have been associated	
FSP no.	
FSP contact person	
FSP authorised date	
Full name of applicant	
ID no.	
Language preference	Afrikaans/English

Is the brokerage a

Sole proprietary	Yes	No
Partnership	Yes	No
Close corporation	Yes	No
Registered company	Yes	No
Company registration no. (if applicable)		

Tax information

VAT registered	Yes	No
VAT registration no.		
Tax in order with SARS	Yes	No

Please note: You need to supply us with your tax certificate within 48 hours, if requested.

Applicant's contact details

Work no.	
Cell no.	
Email	
Website	

Address of brokerage

Physical address		Postal address	
Postal code		Postal code	

If the brokerage has branches in other areas please supply the above information for each additional branch on a separate sheet.

Key individuals' details

Full name	ID no.	Work no.	Cell no.	Email	Employee of the brokerage	
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

Brokerage compliance officer's details

Full name			
Address			
Work no.		Cell no.	
Email		Fax no.	
Website			

Preferred channel

FSP solutions	Yes	No
iPlatform	Yes	No
Broker Edge	Yes	No
Procuvo (business insurance)	Yes	No
Cardinal	Yes	No
King Price direct	Yes	No

Are you a UMA?

Yes No If yes, please provide a description of the services you provide.

Broker advice fee

Your broker advice fee, if required R _____

Supply details to justify your broker advice fee (other than the normal services provided for your statutory commission).

Authorised admin staff details

Please attach a separate sheet if necessary.

Full name	ID no.	Work no.	Cell no.	Email

Are all the key individuals and representatives of the business FAIS compliant and accredited?

Yes No If no, please provide details on a separate sheet.

Has your FSP licence ever been suspended or withdrawn, or have you ever been refused a registration, approval, authorisation or licence to carry out a trade, business or profession, or has that registration, approval, authorisation or licence been suspended, revoked, withdrawn or terminated by a regulatory authority?

Yes No If yes, please provide details on a separate sheet.

Have any of the key individuals been convicted of any criminal offence during the past 10 years, or been found liable in any civil proceedings, by a court of law in any jurisdiction, of theft, fraud, forgery, uttering of a forged document, perjury, or anything similar?

Yes No If yes, please provide full details on a separate sheet.

Other short term insurance contracts

Please attach a separate sheet if necessary.

Insurer/UMA	Contact person	Broker code

Do you have professional indemnity cover (compulsory)?

Yes No If yes, please attach your PI certificate.

Have any of your insurance agencies ever been cancelled by an insurer or UMA?

Yes No If yes, please supply details on a separate sheet.

Additional information

Your application needs to meet certain criteria before we can issue your brokerage with an agency code. Please note that we may also request additional information from you.

Total book SPV			
% personal business			
% commercial business			
% life/medical aid business			
Lead sources	Referrals/traditional	Yes	No
	Motor industry	Yes	No
	Lead generators	Yes	No
	Cross selling on long term book	Yes	No
Call centre		Yes	No
If yes:	Inbound	Yes	No
	Outbound	Yes	No
	Size		
Do you have a business plan?		Yes	No

Please note: You need to supply us with your business plan, if requested.

Banking details of brokerage

Please attach a separate sheet if necessary.

Bank		Account no.	
Branch		Account type	
Branch code		Account holder	

Should any of the following apply to you, please attach the following documents to your application form.

Registered company	Copy of company registration form/ certificate to commence business	Yes	No
Partnership	Letter from auditor	Yes	No
Close corporation	Copy of CK1 & CK2 (2A) if applicable	Yes	No
Sole proprietary		Yes	No
Certificate of change of name if applicable		Yes	No
VAT registered	Certified copy of VAT registration form	Yes	No
FSP licence	Copy of FSP licence & annexure: Conditions and restrictions (Annexure consists of 2 pages)	Yes	No
Do you have procedures in place to comply with FICA if applicable		Yes	No
Letter of good standing from SARS		Yes	No
Copy of PI insurance policy/certificate of insurance		Yes	No
Proof of banking details		Yes	No
Copy of signed contract/broker agreement		Yes	No
Proof of IGF		Yes	No

Who should receive what

Category	Full name	Email
Commission statements		
Non payment reports		
General		
Policy cancellations		
Policy activations		
Renewals		
Claims		

Are you a member of the following voluntary organisations?

FIA	Yes	No
IISA	Yes	No
IIG or IING	Yes	No

The fine print

Please read through the terms and conditions below before signing this application.

By signing this application, I agree to all the terms and conditions as stated in the legal agreement.

I warrant that all of the information contained in this application document is true and correct.

I understand that the insurer may approve or reject this application at its sole discretion.

If this application is successful, the insurer's standard agreement relating to business of this nature ('the agreement') will govern the relationship between the parties.

I agree that any other terms and conditions on which the applicant may wish to rely are excluded.

I undertake to update and submit the brokerage's King Price representatives register monthly, including details of new representatives and key individuals who would need training on King Price products.

Please note that our broker agreement includes a non-performance clause, which may result in your code being closed. The details are in your broker agreement.

I warrant that I am duly authorised to sign this application of behalf of the applicant.

Signature _____ For and on behalf of _____

Full name _____ Designation _____

Date _____

For our use only

To make an informed decision on this application, I, the undersigned, hereby warrant that the application has been properly assessed and that all necessary checks to verify the legal and FSP status of the applicant have been performed properly.

Yes	No
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Signature _____ Approved

Print name _____ Comments _____

Date _____

Designation _____ Broker code _____