

AGENCY APPLICATION / ACCREDITATION

AGENT NUMBER: _____

I / We hereby apply for an intermediary agency with Paladin Underwriting Managers (Pty) Ltd:

Date of Application:	
Agent / Broker Details:	
Business name of applicant:	

CONTACT DETAILS	
Business Physical address: (Head Office)	
	Code: <input style="width: 50px;" type="text"/>
Business Postal Address: (Head Office)	
	Code: <input style="width: 50px;" type="text"/>
Business Telephone number:	
Business Fax number:	
Contact Person - Cell number:	
Contact Email address:	
Website address:	

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			

BRANCH DETAILS <i>(Note: Each Branch must submit an agency application)</i>	
Number of Branches:	
Location of Branches:	
No. of years your organization has been in existence:	

INDIVIDUALS / PARTNERSHIPS / OTHER SIMILAR				
Name of Individual or partner	ID Number	Profession /Occupation	Insurance Experience (Field and years)	Qualifications

COMPANY / CLOSE CORPORATION / OTHER SIMILAR					
Name of Company or Close Corporation	Date of Incorporation	Registration Number	Names of Directors / Members	Qualifications	Experience and fields

STAFFING LEVELS / STAFF CONTACT			
Claims:		No. of claims per person per month	
Administration:		No. of policies per person per month	
Underwriting:		No. of quotes per person per month	
Other:			
Contact: Risk Management:			
Contact: Policy Administration:			
Contact: Claims Administration:			
Contact: Premium Collection:			

VAT STATUS		
Are you a Registered VAT Vendor?	YES	NO
VAT Number		
Does your turnover exceed R300 000 pa?		

POLICYHOLDER PROTECTION RULES <i>(Complete if applicable)</i>			
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	
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:	

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
Name of external auditor:			
Name of responsible partner at external auditor:			
Please describe / give details regarding the following procedures / operational processes / how the following is handled:			
Storage and filing of records:			
FAIS compliance and reporting:			
Recording of advice given:			
Compliance with FICA:			
Recording of complaints:			
Complaints handling procedure:			
Professional Indemnity	Have you arranged Professional Indemnity Insurance?	YES	NO
	PI Insurance Company Name:		
	Limit of indemnity		
	Policy number (Attach copy of policy schedule)		
	Renewal date:		
	Previous claims experience:		
Have you or any Partner / Director / Member ever been insolvent, under provisional liquidation or compromised with your creditors?	YES	NO	
	Details if yes:		
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 – YOUR 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		

BANKING DETAILS – CLIENT FUNDS ACCOUNT									
Premium collected directly into this 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)	Short-term			Life					
Do you conduct any other activities apart from insurance business?	YES				NO				
Description of other business:									
Kinds of insurance business (Please):	Type of business		Period (if other than monthly or annual)		Monthly	Premium	R		
					Annual		R		
	Type of business		Period (if other than monthly or annual)		Monthly	Premium	R		
					Annual		R		
	Type of business		Period (if other than monthly or annual)		Monthly	Premium	R		
					Annual		R		
	Type of business		Period (if other than monthly or annual)		Monthly	Premium	R		
					Annual		R		
What kind / class of business would you like to introduce to Paladin:									
Anticipated commencement date:									
Anticipated Gross Annual Premium:									

REMUNERATION		
Commission	Motor:	
	Non-motor:	
	Life:	
Policy Fees:		
Any other charge to policyholders:		

REFERENCES			
Kindly supply three references:	COMPANY	CONTACT NAME	CONTACT NUMBER

IT SYSTEMS				
Software Package				
Details of functionality				
No of policies administered				
Back-up	Daily	Weekly	Monthly	Other
Where is back-up stored?				
Does system allow for full administration function?	YES	NO	Details if no:	

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

The above information is true and correct and all answers provided have been provided in full.

 APPLICANT'S SIGNATURE

 DATE

AGENCY APPLICATION APPROVED:

 SIGNATURE

 DATE