

## ALLLIFE BROKER APPLICATION FORM

(Complete and fax to AllLife on 0866 126 595)

Broker Code: \_\_\_\_\_ (for office use)

I / We hereby apply for approval as an intermediary agent with Centriq Life Insurance Co. Ltd ("Centriq") in terms of the administration agreement between AllLife (Pty) Ltd and Centriq Life Insurance Co. Ltd, and with AllLife (Pty) Ltd with regard to insurance product underwritten by an Insurer as defined by the Long-term Insurance Act No. 52 of 1998 and associated regulations thereto, currently being Centriq Life Insurance Co. Ltd:

Date of Application:			
Contact person for Agent / Broker:			
Business name of applicant:			
Business Physical address: (Head Office)			
	Code:		
Business Postal Address: (Head Office)			
	Code:		
Business Telephone number:			
Business Fax number:			
Contact Person - Cell number:			
Contact Email address:			
Website address:			

Have you previously operated under any other trade name?	YES	NO	
Specify name and period:			

Memorandum of Association:	Individual	YES	NO	
	Partnership	YES	NO	
	Registered Company	YES	NO	Reg. No.
	Close Corporation	YES	NO	Reg. No.
	Other – Describe			

If Applicant is an Individual / Partnership:	Name of Applicant(s)		
	Identification Number		
	Profession / Occupation		
	Experience in Insurance	Years:	
		Fields:	
	Qualifications		

If Applicant is a Company / Close Corporation:

Name of Company / CC:	
Date of incorporation:	
Registration Number:	
Names of Directors / Members and their qualifications	

No. of representatives (i.e. interacting with individuals)


VAT / TAX Status:

Are you a Registered VAT Vendor?	YES	NO	
VAT Number			

Number of Branches:

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Location of Branches:

*Each Branch must submit an agency application*

Number of years in existence:

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Registered with the FSB:

Are you a FSP in good standing in terms of the Financial Advisory and Intermediary Services Act, 37 of 2002, as amended	YES	NO	
Registration Number:			
Registered as a FSP for the provision of advice/marketing/introduction of/for long term insurance product	YES	NO	

 Do you conduct any other activities apart from insurance business?  
 Description:


Are you conducting business on behalf of any other insurer/s / underwriting managers?

YES	NO	
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Kindly supply three references:

COMPANY	CONTACT NAME	CONTACT NUMBER

Agent Remuneration	Other than Commission, please disclose any other charge to policyholders:			
Banking details:	Commission payment directly into your account?	YES	NO	
	Name of bank:			
	Branch name:			
	Branch Code:			
	Name of Account Holder:			
	Account Number:			
	Type of Account:	Cheque	Savings	Transmission

Do you fully comply with FAIS / policyholder protection rules?	YES	NO
If NO, give details:		
:		
:		
:		

Do you send statutory notices?	YES	NO
Do you disclose admin fees?	YES	NO
Do you disclose commissions?	YES	NO

Do you provide any administration functions?	YES	NO
If YES, provide details:		

Professional Indemnity	Have you arranged Professional Indemnity Insurance?	YES	NO
	Company Name:		
	Limit of indemnity:		
	Policy number: <i>(Attach copy of policy schedule)</i>		
	Renewal date:		
	Previous claims experience:		

Name the Insurance Companies with whom you have an agency:


Has any Insurance Company ever cancelled your agency or any agency in which you have had any interest?

YES	NO	
If YES, give details:		

Have you or any Partner / Director / Member ever been insolvent, under provisional liquidation or compromised with your creditors?

YES	NO	
If YES, give details:		

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
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If yes to Civil proceedings, please supply details:


Are you a member of any professional Insurance Association

YES	NO
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If YES, give details:


Signed at \_\_\_\_\_ (place) on this \_\_\_\_\_ day of \_\_\_\_\_ (month, year)

\_\_\_\_\_  
 APPLICANT'S SIGNATURE  
 Duly Authorised