

GUARDRISK INSURANCE COMPANY LIMITED BROKER APPLICATION

P O Box 783542
 Sandton
 2146

Telephone : 0860 002 500
 E-mail: info@guardrisk.co.za
 Website : www.guardrisk.co.za

**Completed forms and supporting documents can be emailed to info@medgaponline.co.za.
 Visit www.medgaponline.co.za for more product information.**

General Information

Full name of Business	
Legal Nature of Business	
Company Registration No.	
VAT Registration No.	

Address Details

Postal Address	
City/Town	
Postal code	
Physical address	
City/Town	
Postal code	
Website address	

FSP Main Contact Details

Contact person name	
Contact person surname	
Office telephone number	
E-Mail address	
Cell Phone Number	

Bank Details

Branch	
Bank Name	
Account Holder	
Account Type	
Account Number	
Branch Code	

(Please attach a copy of cancelled cheque or bank statement)

*Kindly note that for FAIS & FICA Compliance reasons we require the company banking details to be submitted as per below in order for commission payments to be made. Payment details will be accepted via the following methods (original, faxed or scanned copy and cannot be older than 3 months) *Cancelled cheque or a copy of the bank statement*

Contact person for payment of commission

Contact person name	
Contact person surname	
Designation	
Telephone Number	
E-Mail address	
Cell Phone Number	

Financial Advisory and Intermediary Services Act

Are you licensed in terms of the FAIS Act?	Yes	No
Please provide the FSP Number		

***Please provide a copy of your FSP license, including annexures*

Compliance Officer details

Name	
Telephone number	
Mobile Number	
Physical address	
Postal address	
Email address	

Contact Person for complaints

Name	
Telephone number	
Mobile Number	
Email address	

Key individual details

Name	
Telephone number	
Mobile Number	
Email address	

Representatives to sell the product

Name and Surname	ID No.	Mobile No.	Email

Broker Membership Details

Are you a member of any broker organisation?	YES	NO
Name of Organisation		
Registration number		
<i>**Please provide a copy of the respective membership certificate/s</i>		

Professional Indemnity Insurance Details

Sum Insured		
Policy Number		
Expiry Date		
Insurer		
Who is insured under the policy?		
<i>**Please provide a copy of the current PI schedule</i>		

Treating Customers Fairly (TCF)

Are you, as a business, aware of your responsibilities in terms of TCF?	YES	NO
Are your clients made aware of their rights in regards to TCF?	YES	NO
Do you analyse and assess complaints received in terms of TCF?	YES	NO
Do you have a complaints policy and reporting framework?	YES	NO
Do you have processes in place to monitor TCF risk indicators?	YES	NO
Do you have processes in place to monitor quality of advice given?	YES	NO
Do you have a robust complaints management process?	YES	NO
Are you able to provide management information on customer experience?	YES	NO
Do you have a conflict of interest policy and processes to manage this?	YES	NO
Do you have processes in place where unauthorised advice has been given?	YES	NO
Who, in your business, is responsible for TCF?		

Protection of Personal Information (POPI)

Are you, as a business, POPI compliant?	YES	NO
Do you have procedures in place to ensure the safekeeping of information?	YES	NO
Do you advise clients if their information is being used for any other purpose?	YES	NO

Have any of the persons listed above or has any organisation in which they have held a managerial position previously been placed in :

Provisional or Final Liquidation	YES	NO
Judicial Management	YES	NO
Receivership	YES	NO
Sequestered	YES	NO
Entered into arrangement with Creditors	YES	NO

If yes to any of the above, please provide details:

Have any of the persons listed above been convicted of any criminal offence during the past 5 years? If yes, please provide details

Is there any civil or criminal litigation pending against any of the people mentioned or against the applicant? If yes, please provide details

Have any of the people mentioned ever had an agency application declined, terminated or granted on special terms? If yes, please provide details

Current split of business	
Type (e.g.. Personal/commercial lines; life; funeral	%

Details of any current binder/outsource agreements with another insurer

List of current Insurers supported and % of business with Insurer		
Name of Insurer	Class of Insurance	%

This application relates to business to be introduced by the broker as an independent broker on behalf of its clients

All information provided in this application will be kept confidential and comply at all times with the Protection of Personal Information Act, No 4 of 2013 ("POPI")

Signature _____

who by his or her signature hereto warrants that he/she is duly authorised to sign this application

Name _____

Date _____

- | | |
|--|----------|
| FSP licence with annexures attached | Yes / No |
| PI Cover attached | Yes / No |
| Cancelled cheque / original certified bank confirmation attached | Yes / No |
| Membership certificates attached (where applicable) | Yes / No |

Please note that all required information and documentation must be submitted in order for an application to be accepted. Guardrisk reserves the right to request evidence of PI cover and TCF adherence on an annual basis.

Completed forms and supporting documents can be emailed to info@medgaponline.co.za.