

REQUEST TO ADD A CONSULTANT TO AN EXISTING BROKERAGE

Brokerage Information:

Full name of Brokerage	
FSP No.	
Company Registration No.	
VAT Registration No.	
Office Telephone No.	

New Consultant to be loaded under the Brokerage:

Surname	
Name	
ID No.	
Mobile No.	
E-mail Address	

Accreditation:

Accreditation done on FAIS Exchange:	Admed	Yes		No	
	MedGap	Yes		No	
	Momentum GapCover	Yes		No	
Registered on FSCA for Short-term Insurance Personal Lines A1		Yes		No	

Signature of duly authorised person

Date

*** Return completed form to your broker consultant or email to gapcontracts@guardrisk.co.za