

### NAME & ADDRESS DETAIL

Trade name:

Business name:

Legal status:  Reg Company  Closed Corporation (cc)  Trust  Partnership  Individual

Registration no:  ID no (if individual):

Postal address:  Physical address:

Code:  Code:

Tel no:  Fax no:

Email:  Cell no:

Contact person:  Website:

Does he/she render services under supervision?  Yes  No

### TAX (Please attach a copy of the VAT certificate)

VAT Reg no:

Income Tax no:  Financial year end:

The Fourth Schedule of the Income Tax Act sets out the classes of legal entities, defined as "personal service companies" and "personal service trusts" from whom employees tax (PAYE) calculated at 28% (companies and CC's) or 40% (trusts) is to be deducted and paid to SARS by the principals (insurers) from whom they receive their remuneration. This also applies to the commission paid by insurers to intermediaries. Please consult the enclosed diagram - Annexure A to determine whether your brokerage is classifiable as such.

### FAIS (Please attach your FAIS certificate)

Do you have a FAIS license?  Yes  No License no:  Date issued:

#### Compliance officer details:

Name:  Email:

Tel no:  Fax no:

#### Broker details:

Contact person:  Email:

Tel no:  Fax no:

Cell no:

Did you receive more than 30% of your total remuneration in the preceding 12 months from the Insurer?  Yes  No

Do you hold IGF guarantees (Only applicable if you receive premium)  Yes  No

Do you hold Professional indemnity insurance cover?  Yes  No

Do you hold Fidelity insurance cover?  Yes  No

Do you have contractual relationships with other insurers?  Yes  No

### Which of the following Financial Services are you licensed to provide:

Long-term insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Warrants:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Short-term insurance personal lines:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bonds:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Short-term insurance commercial lines:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Derivatives:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retail pension benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Participatory interests in collective investment schemes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pension fund benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Foreign currency denominated investment instruments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shares	<input type="checkbox"/> Yes <input type="checkbox"/> No	Health service benefits:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Money market	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deposits as defined in the Banks Act – 12mths or less:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Debentures & securitized debt	<input type="checkbox"/> Yes <input type="checkbox"/> No	Friendly society benefits:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have, in terms of the FAIS license, any conditions or restrictions applicable to Financial Services above? If so – please provide details:

Are you exempted from any provisions of the FAIS Act? If so – please provide details:

Do you have any conditions or restrictions imposed by the Insurer with regard to the types of products or services you may provide? If so – please provide details:

### NAMES OF DIRECTORS OR MEMBERS:

Full name:  ID no:   
Address:   
 Code:

Full name:  ID no:   
Address:   
 Code:

Full name:  ID no:   
Address:   
 Code:

Full name:  ID no:   
Address:   
 Code:

### AFFILIATIONS:

If you hold more than 10% share of an insurer's shares, directly or indirectly, please provide details: Shares %

If you received more than 30% of your total commission and fees from a particular insurer during the previous 12 months, please provide the name of the insurer:

If you are an associated company of any insurer, please provide the name of the insurer:

Please indicate your affiliations and your guarantee status: (Attach proof)

Guarantee broker:  IBC member:  SAIBA member:

### PROFESSIONAL INDEMNITY:

Insurer:  Policy no:   
 Indemnity limit:  Deductible:

### PREMIUM INCOME – PERSONAL LINES FIGURES ONLY:

Insurer:	Insurer Branch:	Agency no:	No of policies:	Loss ratio %:	Gross premium p/m:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### PREMIUM INCOME – COMMERCIAL LINES FIGURES ONLY:

Insurer:	Insurer Branch:	Agency no:	No of policies:	Loss ratio %:	Gross premium p/m:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Will any of the abovementioned existing business be transferred to Brolink? **If NO – please attach a business plan.**

Please state the number of years that you have operated as a short-term broker

Has any insurer ever cancelled any agency in which you have been involved?

Please state any other fields of experience in the insurance industry

### INDUSTRY AND TRADE REFERENCES:

Insurer / Trade reference name:	Name of referrer	Tel no:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I/we hereby authorize Brolink to verify the above and conduct a credit reference check:

### BANKING DETAILS:

Name of account:  Name of bank:   
 Branch name:  Branch code:   
 Account no:

Please include a cancelled Cheque or written confirmation from your bank of the name of the account.

### DECLARATION:

Brolink has a policy of sharing data with third parties in the interest of achieving equitable premiums to the benefit of policyholders who are less likely to claim. I/We confirm that Brolink may submit data (including claims, payment and underwriting data) to credit bureaux, for purposes of obtaining credit scores and participating in the SAIA IDS database.

**I/We hereby declare that the answers recorded in this Application and the documentation provided, are true and complete and I/we do not know of any material facts which should be communicated to the Insurer. I/We further undertake to advise Brolink of any change which may impact upon or otherwise affect the data submitted and to submit any other material information which comes to my/our knowledge before or after inception.**

**Client's signature**

**Date signed**

Full name:

On behalf of:

Capacity:

**(Who warrants that he/she is authorized)**

### ANNEXURE A – PERSONAL SERVICE PROVIDER (PSP) TAX STATUS:

Name of brokerage:

FSP no:

### Complete the questionnaire below in respect of your brokerage's current year of assessment:

- |   |     |    |
|---|-----|----|
| 1. Are the broking services rendered by someone who is a member of the CC, direct or indirect shareholders of the company or beneficiary of the trust, or a family member of a trust beneficiary or CC member? (i.e. Do any of these people work in the brokerage?) | Yes | No |
| 2. Is it likely that 80% or more of the income of the brokerage will be received from only one insurance company during the year of assessment?   | Yes | No |
| 3. If the answer to number 2 above is NO, the brokerage does not fall within the ambit of the personal service company or trust legislation, and tax will not be deducted.  | Yes | No |

I confirm that I have truthfully completed this questionnaire and confirm that the information provided in this questionnaire is a true record of the Brokerage's personal service provider status.

I specially consent to the distribution of this questionnaire and Affidavit (if applicable) to other product providers and members of the Association for Saving and Investments of South Africa (ASISA) and their associated institutions, for their use in any similar enquiry.

Signature

Date signed

Full name:

On behalf of: