

### NAME AND ADDRESS DETAIL

Trade name					
Business name					
Legal Status	Registered company	Closed corporation (CC)	Trust	Partnership	Individual
Reg no	ID no (if trading as an individual)				
Postal address	Physical address				
	Postal Code			Postal code	
Tel no			Fax no		
Email			Web		
Contact person			Cell no		
Does he/she render services under supervision?					

### TAX

VAT reg no	<b>PLEASE ATTACH A COPY OF VAT CERTIFICATE.</b>
Income tax no	Financial year-end
Tax clearance no	<b>PLEASE ATTACH A COPY OF TAX CERTIFICATE.</b>

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

Do you have a FAIS license?	License no	Date issued
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**PLEASE ATTACH A COPY OF YOUR FAIS LICENSE.**

Compliance officer	Email
Tel no	Fax no

<b>Broker:</b> Contact person	Email
Tel no	Fax No
Cell no	

If you hold more than 10% of an Insurer shares, directly on indirectly, please provide details:

- Did you receive more than 10% of your total remuneration in the preceding 12 months from the Insurer?
- Do you hold IGF guarantees (Only applicable if you receive premium)
- Do you hold Professional indemnity insurance cover?
- Do you hold Fidelity insurance cover?
- Do you have contractual relationships with other insurers?
- Do you have a Conflict of Interest policy in place? (Please attach)

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

Long term insurance	Warrants
Short term Insurance Personal Lines	Bonds
Short term Insurance Commercial Lines	Derivatives
Retail Pension Benefits	Participatory Interests in Collective Investment Schemes
Pension Fund Benefits	Foreign Currency Denominated Investment Instruments
Shares	Health Service benefits
Money Market	Deposits as defined in the Banks Act - 12 months or less
Debentures & Securitized Debt	Friendly Society Benefits

Do you have, in terms of the FAIS licence, 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/ MEMBERS/ TRUSTEES/ OWNERS (Attach a letterhead or separate list if necessary)**

Full name  
ID number/ Passport  
Country of residence  
Shareholding-member's interest

Nationality  
Shareholding Percentage

Full name  
ID number/ Passport  
Country of residence  
Shareholding-member's interest

Nationality  
Shareholding Percentage

Full name  
ID number/ Passport  
Country of residence  
Shareholding-member's interest

Nationality  
Shareholding Percentage

Full name  
ID number/ Passport  
Country of residence  
Shareholding-member's interest

Nationality  
Shareholding Percentage

Full name  
ID number/ Passport  
Country of residence  
Shareholding-member's interest

Nationality  
Shareholding Percentage

**NAME OF AUTHORIZED CONTACT PERSON**

Name  
Contact Details  
E-mail

The following particulars are required in respect of each of the parties mentioned and each of the persons mentioned. (Attach a separate list if necessary).

(a) Were any of the mentioned parties/persons sequestrate/liquidated?

If yes, state when it occurred

Has rehabilitation occurred already?

If yes, state when it occurred

(b) Have any of the parties/persons been found guilty of a criminal offence?

If so, state particulars with respect to date, type of offence and sentence

(c) Are there any criminal matters/law suits pending against the party/person?

If so, state particulars with respect to type of matter/law suit and the probable date when it will be finalised

(d) Is there a civil judgment, which was granted against the party/person which has not been settled?

If yes, state particulars

(e) Has any person ever been dismissed from employment?

If yes, state particulars

Outline previous experience in the insurance industry of each of the persons mentioned. (Attach a separate list if necessary).

Do any of the persons mentioned have an existing intermediary or the like arrangements with any Insurance Company applying for on this application?

If so, what are the intermediary number(s) and branch?

Please advise anticipated business with Brolink within 12 months as follows:

Description	Class	Segment	
		Commercial Business	Personal Lines
General:			
1. Accident		R	R
2. Engineering policies		R	R
3. Guarantee policies		R	R
4. Liability policies		R	R
5. Miscellaneous policies		R	R
6. Motor policies		R	R
7. Property policies		R	R
8. Transportation policies		R	R
UMA'S			
1. GIT & Liabilities		R	R
2. Warranties		R	R
3. Guarantee		R	R
4. Legal		R	R
5.		R	R
6.		R	R
7.		R	R
8.		R	R
9.		R	R
10.		R	R
TOTAL		R	R

## AFFILIATIONS

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

Shareholding %

If you received more than 30% of your total commission and fees from a particular Insurer during the previous twelve 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.

Guarantee Broker

IBC Member

SAIBA Member

IF YOU ARE A GUARANTEE BROKER, PLEASE ATTACH A COPY OF THE GUARANTEE!

## PROFESSIONAL INDEMNITY

Insurer

Policy no

Indemnity limit

R

Deductible

R

## PREMIUM INCOME / PREMIE-INKOMSTE - PERSONAL LINES FIGURES ONLY

Insurer

Gross premium p/m

No of policies

Loss ratio %

Agency no

Insurer branch

R

R

R

## PREMIUM INCOME - COMMERCIAL BUSINESS FIGURES ONLY

Insurer

Gross premium pm

No of Policies

Loss ratio %

Agency no

Insurer branch

R

R

R

Will any of the above mentioned existing business be transferred to Brolink? **If NO, please attach 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 or trade reference

Name of referer

Tel no

( )

( )

( )

I/we hereby authorise Brolink to verify the above and conduct a credit reference check.

I/we hereby authorise AIC to conduct CASA (Customer Acceptance Screening Application) 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 not older than 3 months.**

## 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.**

Place your digital signature on this form below by selecting Sign > Place Signature (Click on "Open Sign pane" when prompted)

Signed \_\_\_\_\_ Date \_\_\_\_\_ on behalf of \_\_\_\_\_

Name \_\_\_\_\_ Capacity \_\_\_\_\_  
(Who warrants that he/she is authorised)

## 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?)
- 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?
- 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.**

**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.**

Place your digital signature on this form below by selecting Sign > Place Signature (Click on "Open Sign pane" when prompted)

Signed \_\_\_\_\_ Date \_\_\_\_\_ On behalf of \_\_\_\_\_

First Approver - AIC \_\_\_\_\_ First Approver - AIC \_\_\_\_\_

Full Name \_\_\_\_\_ Full Name \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

1. VAT Certificate
2. TAX Clearance Certificate
3. CIPRO Papers
4. FSB Certificate
5. PI
6. Conflict of Interest
7. Bank statement not older than 3 months
8. ID Directors
9. Conflict of Interest