

INTERMEDIARY APPROVAL APPLICATION FORM

1. INTERMEDIARY DETAILS

FSP number	
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Registered business name:

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Physical address:

Code: <input style="width: 80px;" type="text"/>

Postal address:

Code: <input style="width: 80px;" type="text"/>

Contact details:

Telephone number	E-mail address	Fax no.	Cell no.

2. TYPE OF ENTERPRISE (PLEASE MARK WITH AN "X")

Private Company	
Public Company	
Close Corporation	
Trust	
Sole Proprietor	
Partnership	

Registration number	
Registration number	
Registration number	
Registration number	

When did your business commence operations?	
Is the business a registered VAT vendor?	
VAT registration number	
If no VAT number is provided, we will assume that the taxable turnover is less than R1 million per annum and that the intermediary does not need to be registered for VAT. Please note that no VAT will then be payable.	
Income Tax number	

3. FAIS REQUIREMENTS

The intermediary must be an authorised Financial Services Provider.

Is reference to the FAIS licence made in all business documentation, advertisements and other promotional material?	YES	NO
Have processes been put in place to deal with FAIS complaints if, and when, they arise?	YES	NO
Do you have Professional Indemnity Insurance?	YES	NO

Do you have Fidelity Guarantee Insurance?	YES	NO
If 'Yes' to any of the above, please attach a copy(ies) of your current certificate(s) of cover to this application.		

4. COMPLIANCE OFFICER DETAILS

Compliance Officer	
Compliance Officer FSB number	
Compliance Officer Tel number	
Compliance Officer Fax number	
Compliance Officer Email number	

5. INTERMEDIARY BANK DETAILS FOR COMMISSION PURPOSES

Bank:	
Branch:	
Branch code:	
Account number:	
Account type:	
Account name:	

6. PREMIUMS

Will you collect premiums for policies from clients?	YES	NO
If 'Yes', please note that the intermediary must have current and ongoing Professional Indemnity Insurance cover.		

Intermediary bank details for collection of premium

Bank:	
Branch:	
Branch code:	
Account number:	
Account type:	
Account name:	

7. ADDRESS OF BRANCH OFFICES

1.
2.
3.
4.

8. WITH WHICH OTHER INSURANCE COMPANIES DOES THE INTERMEDIARY HAVE INTERMEDIARY CONTRACTS?

Name of Insurer	Type of contract	Date of contract

9. PERSONAL DETAILS (Only to be completed if the applicant is a sole proprietor)

Full name	
Identity number	
Telephone number	
Email address	

10. DETAILS OF DIRECTOR / PARTNER / MEMBERS / TRUSTEES

Please provide the name and contact details of the person from whom additional information may be requested relating to this application form:

Name:	
Telephone number:	
Email address:	

Please complete the section below for each Director / Partner / Member / Trustee. If more space is required, please attach a sheet to the application.

Director / Partner / Member / Trustee 1

Full name			
Identity number			
Management of the business	Executive		Non-executive
Interest / shareholding in the business			
Residential address			
Telephone number			
Email address			

Director / Partner / Member / Trustee 2

Full name			
Identity number			
Management of the business	Executive		Non-executive
Interest / shareholding in the business			
Residential address			
Telephone number			
Email address			

Director / Partner / Member / Trustee 3

Full name			
Identity number			
Management of the business	Executive		Non-executive
Interest / shareholding in the business			
Residential address			
Telephone number			
Email address			

Director / Partner / Member / Trustee 4

Full name			
Identity number			
Management of the business	Executive		Non-executive
Interest / shareholding in the business			
Residential address			
Telephone number			
Email address			

Details of authorised key individuals and representatives who will submit business on behalf of the intermediary:

Full name:

	KI	REP
	KI	REP
	KI	REP
	KI	REP
	KI	REP
	KI	REP
	KI	REP
	KI	REP
	KI	REP
	KI	REP
	KI	REP

Identity number:

If more space is required, please attach a sheet to the application.

If a juristic representative is included, please attach a copy of the Section 13 certificate.

11. OPERATIONAL ABILITY QUESTIONNAIRE

In order to verify your adherence to the FAIS requirements regarding operational ability, kindly complete the following questionnaire:

	Yes	No
We have a fixed business address.		
We have a full-time telephone or cell phone service, a computer, printer and internet and email access.		
We have adequate storage and filing systems for the safe-keeping of records and		

correspondence.		
We have a business account with a registered bank for business funds.		
We have a separate and audited bank account for client funds.		
We have access rights and data security on electronic data.		
We have physical security of our assets and records.		
We have documentation relating to business processes and policies and controls.		
We have disaster recovery and back-up procedures on electronic data.		
We have appropriate knowledge regarding the requirements of the FAIS and Long term Insurance Acts, and their subordinate legislation.		
Our representatives have appropriate knowledge regarding the giving of advice and/or rendering of intermediary services.		
We record all financial and system procedures to ensure that we are able to report in terms of applicable accounting requirements.		
We have general administration processing, accounting transactions and risk control measurements in place to ensure accurate, complete and timeous processing of data, information reporting and the assurance of data integrity.		
We maintain in force suitable guarantees or professional indemnity insurance or fidelity insurance cover to cover the risks of losses due to fraud, dishonesty or negligence.		

If the answer to any of the questions above is 'No', please provide details below:

12. GENERAL

In order to verify your adherence to the FAIS Fit and Proper requirements, kindly complete the following questionnaire:

	Yes	No
Does any party to this application presently have any unpaid judgments against you?		
Has any insurer refused to give you an intermediary contract?		
Has any insurer cancelled an intermediary contract with you?		
Has any party to this application been found guilty within the last five years in criminal proceedings, or been found liable in civil proceedings by a court of law of fraud, dishonesty, unprofessional or dishonourable conduct or breach of fiduciary duty?		
Has any party to this application ever been found guilty by a statutory, professional or voluntary body of negligence, incompetence or mismanagement?		
Has any party to this application ever been denied membership of a statutory, professional or voluntary body?		
Has any party to this application ever been found guilty of an offence by any regulatory or supervisory body, inside or outside of the Republic of South Africa?		
Have you had authorization to carry on business refused, suspended or withdrawn by any regulatory or supervisory body inside or outside of the Republic of South Africa?		
Has any license granted to you by any regulatory or supervisory body inside or outside of the Republic of South Africa been suspended or withdrawn?		
Has any party to this application ever been disqualified from taking part in the management of any company, regardless of whether the disqualification has since been lifted?		

	Yes	No
Have any party to this application ever been placed in liquidation or judicial management or sequestration or have they ever effected a compromise with any of their creditors, whether provisional or final and whether voluntary or compulsory?		
Is there any material fact that is likely to influence the assessment of this application which will affect the decision Safrican makes with regard to whether it approves the intermediary application?		

If you have any doubt as to whether a fact would be considered material you should declare/explain it anyway to enable us to make an informed decision.

Where necessary or possible, provide proof to substantiate your explanation/declaration. All the information that we request in this application is material. Please provide any relevant information on a separate page if necessary and attach to this application.

If the answer to any of the questions above is 'Yes', please provide details below:

13. PERSONAL SERVICE PROVIDER ('PSP') QUESTIONNAIRE

Complete the Questionnaire below in respect of the intermediary's current year of assessment. Please tick to indicate 'Yes' or 'No' where appropriate and follow the directions.

1	<u>Is your intermediary structured as a sole proprietorship or partnership?</u>	Yes Stop at question 1. The intermediary is not a PSP.
		No Continue with question 2
2	<u>Does anyone who is a connected person* to the intermediary personally sell products on behalf of the intermediary for a financial institution (client)?</u> *A connected person to a company is a person who holds at least 20% of the intermediary's equity share capital or voting rights. If a person, together with any connected person to himself/herself (e.g. any relative), holds at least 20% of the intermediary's equity share capital or voting rights, they will also be a connected person to that intermediary. *A connected person to a close corporation is any member of that close corporation or any relative of that member. * A connected person to a trust is a beneficiary of that trust, or relatives of that beneficiary. Note: A relative in relation to any person means the spouse of that person and any of their children, grandchildren, parents, grandparents, uncles, aunts and cousins, or any spouse of anybody so related.	Yes Continue with question 3
		No Stop at question 2. The intermediary is not a PSP.

3	<p><u>Does more than 80% of the income of your intermediary come from or is likely to come from, any one financial institution (client), or its associated institutions*?</u></p> <p>*An associated institution is a company that is managed or controlled by substantially the same person as the client. All the associated institutions will be treated as one client. Example: If companies x and y are associated institutions, within the same financial services group (e.g. a Long-term Insurer and Medical Scheme / Asset Manager / Pension Fund etc.), and 60% of a intermediary's income is derived from company X and 30% from company Y, 90% of that intermediary's income will be treated as being received from one financial institution.</p>	<p>Yes Continue with question 4</p> <p>No Stop at question 3. The intermediary is not a PSP.</p>
4	<p><u>Do you employ at least three full-time employees*, engaged in the business of the intermediary?</u></p> <p>*Employees must be employed for the full year, and must be actively engaged in the business of the intermediary. Personal assistants will qualify, but gardeners, tea ladies and cleaners will not qualify as employees.</p> <p>*You cannot include employees who are shareholders, members or trust beneficiaries of the intermediary.</p> <p>*You also cannot include employees who are relatives (refer to the Note in Question 2 above) of such excluded employees.</p>	<p>Yes The intermediary is not a PSP.</p> <p>No The intermediary is a PSP.</p>

Confirmation –

I, _____, confirm that I have truthfully completed the above Questionnaire and confirm that the information provided in the Questionnaire is a true record of the intermediary's Personal Service Provider status.

14. TCF READINESS DECLARATION

I, the undersigned (full names), _____ ID number _____ in my capacity as (job title) _____ of (intermediary): _____

do declare as follows:

- In preparation to become TCF ready the following outcomes as contained in the self-assessment were/will be assessed against the current status:
 - Outcome 1: Consumers can be confident that they are dealing with firms where the fair treatment of customers is central to the corporate culture.
 - Outcome 2: Products and services marketed and sold in the retail market are designed to meet the needs of identified consumer groups and are targeted accordingly.
 - Outcome 3: Consumers are provided with clear information and are kept appropriately informed before, during and after the point of sale.
 - Outcome 4: Where consumers receive advice, the advice is suitable and takes account of their circumstances.
 - Outcome 5: Consumers are provided with products that perform as firms have led them to expect, and the associated service is both of an acceptable standard and what they have been led to expect.
 - Outcome 6: Consumers do not face unreasonable post-sale barriers to changing product, switching provider, submitting a claim or making a complaint.
- An appropriate Self-Assessment tool was/will be used to assess the TCF readiness of this practice. (This could be the FSB self-assessment or other TCF readiness assessments available.)
- The information provided in this declaration stems from the Self-Assessment exercise undertaken/to be undertaken by me (the Managing Director and/or Key Individuals).

- I am responsible for ensuring that adequate and effective risk management processes and systems of internal control have been/will be considered, and have been/will be maintained in the management of the TCF Principles.
- Where the self-assessment exercise rendered/does render unsatisfactory/unfavorable results, the risks have been/will be identified, assessed and documented with planned actions.
- The system of internal control relating to TCF within the intermediary has been/will be designed to provide reasonable assurance that significant TCF risks are being appropriately managed. This will ensure that the outcomes emanating from TCF are reliable, and that relevant Outcomes have been/will be complied with to ensure that clients are safeguarded against the risk of this intermediary not complying fully with TCF criteria.
- The TCF internal culture and controls have been/will be implemented by trained and skilled personnel who have undergone TCF training. All TCF actions identified through the self-assessment have been/will be monitored and driven/will be driven by management to ensure expected dates of delivery are met.
- I understand that Safrican as the Insurer is obligated to ensure that Financial Service Providers (FSP's) with whom it has a contractual agreement understands and has applied the principles of TCF within the practice.

I hereby guarantee that the information provided in this declaration is true and complete in every respect.

Signed at _____ on this _____ day of _____ 20__.

Name in full (for and on behalf of the Intermediary)

Signature

15. INDEMNITY AND CONSENT TO DISCLOSURE

The indemnity and consent form must be completed as permission for Safrican, to make the necessary enquiries for the purposes of assessing this intermediary approval application and accreditation.

I, the undersigned (full names), _____ ID number _____ in my capacity as (job title) _____ of (intermediary): _____

warrant that I am duly authorised to complete and submit the intermediary application on behalf of the intermediary and all parties represented herein by myself and if requested will provide adequate proof of such authority.

On my own behalf and on behalf of any other party I represent, I:

- hereby indemnify Safrican and its duly appointed representatives from any loss or damage caused to me/us and the parties that I represent in this application, as a result of Safrican disclosing any information provided in this document for the purpose of a proposed business relationship;
- acknowledge that all information concerning the relevant sole proprietor, company owner, partner, shareholder, registered member, director and employees listed herein is essential to enable Safrican to properly evaluate the following information:
 - that may be recorded at any credit bureau;
 - regarding any criminal history or record, previous convictions and any other relevant information usually furnished by the Criminal Record Centre;
 - regarding any other material fact which is likely to influence the outcome of the application.
- accordingly waive any right to privacy in respect of the above information concerning the relevant sole proprietor, company owner, partner, shareholders, registered members, directors and any of the other parties that I represent herein and I hereby consent to and authorise such information being disclosed by and to Safrican;
- consent to Safrican verifying the information provided by me against other legitimate sources on my own behalf, and on behalf of any other parties that I represent herein;
- furthermore indemnify Safrican, its agents and its employees against any liability whatsoever, which may result from furnishing or receiving information in this regard and hold them harmless on my own behalf, and on behalf of any other party(ies) that I represent herein;
- warrant that the information supplied in this application is true, accurate and complete in all respects, and that should there be a change in the information between the date of this application and the date of its

acceptance and the inception date of any agreement that may be entered into between the parties, I will immediately notify Safrican in writing of such change;

- further I warrant that an opportunity was given to me to provide full declarations where relevant;
- accept that signing this application does not bind Safrican to offer or to accept any agreement, but it is agreed that this application shall be the basis of the agreement and will be attached to and made a part of the agreement should an agreement be entered into.

I acknowledge that I have read and understood the indemnity and consent to disclosure and I hereby authorise Safrican to make the necessary enquiries for the purposes of assessing the intermediary approval application.

Signed at _____ on this _____ day of _____ 20__.

Name in full (for and on behalf of the Intermediary)

Signature

16. DECLARATION

I / We hereby apply for appointment to sell and market Safrican Insurance Company Limited ("Safrikan") products upon the normal terms and conditions.

I / We acknowledge that I / we have no authority to obtain any new business for submission until a signed official intermediary agreement has been issued to and accepted by the intermediary and Safrican, and that any payment of any commission in respect of any business that may be introduced by the intermediary prior to such intermediary agreement having been executed, will be at the entire discretion of Safrican, whose decision shall be final and binding on the intermediary.

I/We hereby authorise Safrican to make, on a confidential and discreet basis, any enquiries with any of the individuals or institutions referred to in this intermediary approval application form on the basis that Safrican shall not disclose any information obtained and shall only use such information for the purposes of assessing this intermediary approval application.

In addition, I/We authorise Safrican to make enquiries with and/or interview my/our auditors and/or legal advisors and to request them to furnish the insurer with a certificate or statement of good standing, if necessary.

I/We undertake to advise Safrican immediately of any changes in Directors / Partners / Members / Trustees change in address, or any other details which are pertinent to this application and agreement. I/We will comply with all the rules and conditions laid down by Safrican. I/We further agree that this application will form part of my/our agreement with Safrican, if my/our application is successful.

I/We acknowledge that in the event of any commission received in excess of what was due in respect of a policy, regardless of the reason, that such overpaid commission shall be refunded to Safrican on demand.

I/We further bind my(our)self to any legislation, which is and may become applicable and will ensure compliance thereto at all times and assist Safrican as so far it is applicable on my/our self.

I/We agree that Safrican has the right to amend and/or vary their rules and regulations governing the terms and conditions under which they are prepared to consider granting the intermediary agreement and consequent advances and agree to abide by such variation which is at Safrican's complete discretion.

I/We acknowledge that should any of the information given be false or incomplete, the intermediary agreement and accreditation may be terminated immediately.

I/We acknowledge that should our Financial Services Provider licence lapse, be suspended, be withdrawn and/or not be renewed by the Financial Service Board, the intermediary agreement and accreditation may be terminated immediately.

I/We acknowledge that should I/we commit any act of fraud, dishonesty, unprofessional or dishonourable conduct or breach of fiduciary duty, Safrican will amongst other things immediately be able to enter the name/s of the person/s concerned who provided that information and/or made the declaration on behalf of the intermediary, in the central debarment register of the Financial Services Board, terminate the intermediary agreement, and terminate the further payment of any commission to the intermediary.

I/We accept that Safrican is registered as an assurer in terms of the Long-Term Insurance Act no 52 of 1998, an authorised Financial Services Provider (FSP 15123), and that all new business placed by me/us with Safrican is subject to applicable legislation and the terms and conditions of the Financial Services Board.

I/We consent that Safrican may make enquiries through Information Trust Corporation (I.T.C.), Association for Savings & Investment SA, the Financial Services Board, the South African Police and South African Revenue Service.

I/We acknowledge that I/We have the relevant knowledge, competency and proficiency to market the standard products, schemes and policies offered by Safrican, and as approved in terms of my/our FSP license, to my/our clients.

I/We hereby declare that I/We have no other contract of whatsoever nature under another name with Safrican.

I/We hereby state and affirm that the information given herein is true, correct and complete in all respects.

Signed at _____ on this _____ day of _____ 20____

Signature of all Directors/ Members/ Partners/ Sole Proprietor/ Trustees

1. _____

COMPANY STAMP

2. _____

3. _____

4. _____

FAIS / FICA CHECKLIST

Use the below checklist to confirm if you have submitted the required information and documents. Attach the applicable documents to the application form:

		<u>For Safrican Office Use</u>		
	<u>Description</u>	<u>Have You Submitted?</u>	<u>Received</u>	<u>Safrican Comments</u>
1	FAIS Requirements			
1.1	Full copy of FSP licence with annexures			
1.2	Certificate(s) of cover for Professional Indemnity Insurance			
1.3	Certificate(s) of cover for Fidelity Guarantee Insurance			
1.4	Proof of each Key Individual or sole proprietor having passed the first level Regulatory Exam			
2	FICA Requirements			
2.1	Certified copies of the Identity Document or Passport of each Key Individual of the Intermediary.			
2.2	Copies of all the founding/CIPRO/CIPC documents applicable to CC/ Company/Partnership/Trust			
2.3	Proof of physical address: Utility Bill/ Lease/Rental Agreement/Telkom account reflecting trade name and physical address of Intermediary			
2.4	Certified copy of bank statement or cancelled cheque of Intermediary for:			
2.4.1	Business account			
2.4.2	Trust Account for premium collection			
2.5	Copy of VAT Registration Certificate/document issued by SARS reflecting the VAT reference number			
2.6	Copy of Income Tax Registration Certificate/document issued by SARS reflecting the Income Tax reference number			
3	General			
3.1	Letter on Intermediary's letterhead indicating:			
3.1.1	Trade Name			

3.1.2	Registered Name			
3.1.3	Registered Address			
3.1.4	Physical Address			
3.1.5	Postal address			
3.1.6	Contact person details – - Fax number - Telephone number - E-Mail address			