



AGENCY APPLICATION
Strictly Confidential

BUSINESS PARTICULARS

1. State the full business name under which the agency operates (if a sole proprietor furnish the full names and title):

2. Indicate the type of business:

<input type="checkbox"/>	Registered Company	Registration no: _____
<input type="checkbox"/>	Close Corporation	Registration no: _____
<input type="checkbox"/>	Trust	Number: _____
<input type="checkbox"/>	Partnership	
<input type="checkbox"/>	Sole proprietor	

3. FSP licence number: _____
(Please attach a copy of your FSP licence certificate)

4. VAT registration number: _____

5. State whether you are a:

<input type="checkbox"/>	Guaranteed Broker	If Guaranteed Broker, please attach a copy of your Guarantee
<input type="checkbox"/>	Cash Broker	
<input type="checkbox"/>	Both	

6. Provide your Professional indemnity insurance policy details *(please attach a copy of your PI Policy)*:

Insurer: _____

Limit: _____

Expiry: _____

7. Contact Details:

Office number: (____) _____ Fax number: (____) _____
 Mobile number: _____
 Email address: _____

8. Street address:

 _____ Postal Code _____

9. Postal address:

 _____ Postal Code _____

10. Payment of commission is effected by EFT directly into your bank account. Kindly provide banking details:

Bank _____
 Branch _____
 Branch Code _____
 Account No _____
 Type of A/C _____

11. Compliance Officer:

Name: _____ FSP / FSB No: _____
 E-mail address: _____
 Office number: (____) _____ Fax number: (____) _____
 Physical Address: _____

 Postal Address: _____

12. State the names of the Directors, Members, Trustees, Partners or Owners:

(Please attach a letterhead to this application)

NAME	ID NUMBER	RESIDENTIAL ADDRESS	JOB FUNCTION	INTEREST / SHARE-HOLDING

13. Have any of the above persons been sequestered or liquidated?

<input type="checkbox"/>	NO
<input type="checkbox"/>	YES

If so indicate in respect of each person (use a separate page if necessary)

When did it occur?

Has rehabilitation occurred?

Has any party been found guilty of a criminal offence?

State particulars of any such criminal offence?

Are there any criminal matters or law suits pending?

If so, please state particulars and the date it will be finalised?

Is there any civil sentence which has declared against any party which has not been served or settled?

Have any of the above persons been dismissed from employment?

14. On a separate page provide a brief CV of each of the above persons.

15. Do any of the above persons already have an agency with Centriq?

16. State the senior / authorised person:

Name: _____

ID number: _____

Language preference: _____

17. Are all personnel FAIS compliant?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

18. If no, please confirm what steps are being taken to achieve compliancy:

19. Do you have any outstanding Ombudsman matters?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

If YES, please state details of complaint:

20. Provide details of business engaged with other insurers:

NAME OF INSURER	APROX PREMIUM	DURATION

21. Please indicate the amount of business you think you will introduce in year 1:

Sectional Title	
Commercial & Industrial buildings	
Home-owners	
Home-owners Associations	

22. Has any insurer cancelled an agency with your firm?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

If YES, please provide full detail:

DECLARATION

I / we declare that all particulars and statements made herein are true and correct and understand that the appointment is subject to the provisions and guarantees as included in First Property Acceptances' official Agency Agreement which will be issued on approval of this application.

Furthermore, I / we declare that I / we are prepared to give my / our co-operation regarding acceptance of FPA Underwriting Managers (Pty) Ltd and _____ revision procedures for existing business, follow up on RD debit orders and screening of policies.

Signed at _____ on _____

On behalf of the agency

Application Approved by FPA
Authorised Representative

