



## Partner Application

Thank you for your interest expressed in applying for an Agency code with us.

**PLEASE NOTE: For prompt service delivery, please ensure that all the relevant documentation accompany your application. The below supporting documents are mandatory and your application will not be processed without the below.**

A	Registered Company	Copy of Company registration form, Certified copy of Certificate of Incorporation and your Certificate to commence business	Y	N
B	Partnership	Letter from auditor	Y	N
C	Close Corporation	Copy of CC registration form	Y	N
D	Sole Proprietary	Please provide ID Documents and please ensure that full details are provided	Y	N
E	Trust	Please provide Trust Certification	Y	N
F	VAT Registered	Copy of VAT registration certificate (VAT103)	Y	N
G	FSP License	Copy of FSP license and Annexure: Conditions and Restrictions	Y	N
H	TAX Clearance	Copy of Broker / Individual Tax clearance certificate	Y	N
I	ID Documentation	Copies of ID Documents of Key Individuals and representatives	Y	N

**We also require EITHER - a cancelled cheque or stamped bank statement or a stamped bank letter accompanied by a bank statement or internet statement**

### Agency Registration – Please select company / brand you are applying for

	Y		Y		Y		Y	
Registered brokerage name								
TAX Number								
FSP License number								
Language Preference	Afrikaans				English			
Date	Y	Y	Y	Y	M	M	D	D

Auto & General is an authorised financial services provider. (FSP license number: 16354)

First for Women is an authorised financial services provider. (FSP license number: 15261)

Budget is an authorised financial services provider. (FSP license number: 18178)

Contact details for applicant													
Address													
Tel number													
Cell Number													
Fax number													
E-mail Address													

Region of Brokerage			
Eastern Cape		Kwazulu Natal	
Free State		Mpumalanga	
Gauteng		North West	
Gauteng East		Northern Cape	
Gauteng North		Pretoria	
Gauteng South		Vaal Triangle	
Gauteng West		Western Cape	

Physical and Postal address for Brokerage													
<u>Business Address</u>							<u>Postal Address</u>						
Postal Code							Postal Code						
Tel Number							Tel Number						

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**Other short-term insurance contracts and memberships**

**a) At which short term insurance company (s) do you have a broker contract or agency agreement?**

<u>Company Name</u>	<u>Length of Contract (YYYY/MM/DD to YYYY/MM/DD)</u>															
	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	D	D	M	M
	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	D	D	M	M

**b) Has one of your insurance agencies ever been cancelled? If yes – please provide detail**

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**c) Have you or any of your partners / directors / agents ever worked for the Telesure Group before? If yes, please provide details below**

<u>Organization</u>	<u>Yes</u>	<u>No</u>	<u>Period of employment (YYYY/MM/DD to YYYY/MM/DD)</u>															
Auto and General	Y	N	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D
Budget Insurance	Y	N	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D
Dial Direct	Y	N	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D
Telesure Group Services	Y	N	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D
Upstream	Y	N	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D
First for Women	Y	N	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D
1Life	Y	N	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D

**d) Have you or any partners / directors / agents ever been declared insolvent or in the case of a company, placed under judicial management or provisional liquidation? (If yes, please attach copy of Rehabilitation Certificate)**

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**Preferred channel of business, broker fees and additional Lifestyle Benefits**

**a) Please select your preferred channel of business**

Direct	Y	N
Quoting Platform (e.g. FSP Solutions)	Y	N
Admin Network (e.g. Riscor)	Y	N
Other: (Please specify)	Y	N

**b) Please provide your Broker fee for approval: (For the Standard Personal Short Term Policy)**

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**c) Do you require a Commercial Insurance agency code \***

* Please note you need to be licensed for Commercial Insurance in order to qualify.	Y	N
If yes, please supply broker fee	R	

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**d) Available Value Added Products**

I hereby give you, the underwriter, and permission to sell the above selected Value Added Products directly to my clients.

Or

I hereby give you, the underwriter, and permission to sell the above selected Value Added Products, but only on my request to a specific.

Or

I hereby do not give you, the underwriter, and permission to sell the Value Added Products to my clients.

**e) Please make the relevant selection below for Value Added Products**

<u>Product</u>	<u>Yes</u>	<u>No</u>	<u>Broker fee (max R15.00)</u>
Scratch & Dent	Y	N	
Cellphone Alone	Y	N	
Personal Accident	Y	N	
Auto Top Up	Y	N	
** Funeral Policy	Y	N	
Legal & ID Theft	Y	N	
Tyre and Rim	Y	N	

**\*\*Please note that you need to be licensed for Life Category A to sell Funeral Policies.**

**DECLARATION**

I hereby declare that all the above information given by me is a correct and truthful account of my business and personal details.  
This information will be treated as confidential.

Should you be granted a contract, you undertake to notify Auto & General immediately, should your FSP license be suspended, withdrawn or should it be cancelled.

I understand that any false declaration or failure to notify us if the FSP license is suspended, withdrawn or should it cancelled will entitle Auto & General to immediate cancellation of my contract.

<b>Full name of authorized signatory</b>	
<b>Signature</b>	

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