



Partner Application **Broker Agreement**

Thank you for the interest expressed in partnering with us.

PLEASE NOTE: If your application is accepted, you will be sent an email requesting you to upload supporting documentation. For prompt service delivery, please ensure that all the relevant documentation is correct. Failure to adhere to this prerequisite could result in unnecessary delays.

1. INSURER/ BRAND APPLYING FOR

| AGENCY REGISTRATION - PLEASE SELECT COMPANY / BRAND YOU ARE APPLYING FOR | | | | |
|--|----------------------------|--|--|--|
| | | | | |
| 2. BROKER/ PARTNER DETA | 2. BROKER/ PARTNER DETAILS | | | |
| Name of Brokerage / Intermediary | | | | |
| Trading Name | | | | |
| FSP Number | | | | |
| Identity Number | | | | |
| VAT Registration No | | | | |
| Income TAX number | | | | |
| Type of FSP | | | | |
| Physical Address | | | | |
| Postal Address | | | | |
| Office Telephone No | | | | |
| Cell Phone No | | | | |
| Email Address | | | | |
| Website Address (If applicable) | | | | |
| Banking Details | | | | |
| Bank Name | | | | |
| Branch | | | | |
| Branch Code | | | | |
| Account Number | | | | |
| Account Holder | | | | |
| Account Type | | | | |
| | | | | |

Auto&General Park, Dainfern, 1 Telesure Ln, Riverglen, Midrand, 2191, South Africa

3. FAIS INFORMATION

3.1 License Categories

Please indicate the approved license categories. (Upon Request, please supply a copy of FAIS License and Annexure in support of the below).

| Category Description | Advice | Intermediary Service |
|---|--------|----------------------|
| Long-Term Insurance: subcategory A | | |
| Short-Term Insurance: Personal Lines | | |
| Short-Term Insurance: Personal Lines A1 | | |
| Long-Term Insurance: subcategory B1 | | |
| Long-Term Insurance: subcategory B1 – A | | |
| Long-Term Insurance: subcategory B2 | | |
| Long-Term Insurance: subcategory B2 – A | | |
| Short-Term Insurance: Commercial Lines | | |

3.2 Details of Key Individuals

| Name and Surname | |
|---|--|
| ID/Passport Number | |
| Contact Number | |
| E-Mail Address | |
| Categories Approved: Eg. Personal Lines | |
| | |

| Name and Surname | |
|---|--|
| ID/Passport Number | |
| Contact Number | |
| E-Mail Address | |
| Categories Approved: Eg. Personal Lines | |

| Name and Surname | |
|---|--|
| ID/Passport Number | |
| Contact Number | |
| E-Mail Address | |
| Categories Approved: Eg. Personal Lines | |

${\bf 3.3\,Compliance\,Officer\,Details}$

| Name and Surname | |
|------------------------|--|
| ID/Passport Number | |
| Contact Number | |
| E-Mail Address | |
| CO Registration Number | |
| Practise Name | |

4. PROFESSIONAL INDEMNITY COVER

4.1 PI Cover

| Insurer | |
|---|--|
| Limit of Indemnity | |
| Renewal Date | |
| Were any claims submitted against the PI Cover? | |



5. PRODUCTS

Please select the products you wish to render Broker Services on:

| | YES/NO |
|--------------------------|--------|
| 5.1 Personal Lines | |
| 5.2 Commercial Lines | |
| 5.3 Value Added Products | |

| Product | YES/NO |
|--------------------------|--------|
| Personal Accident | |
| Funeral Protect | |
| Personal Protection Plan | |
| Legal Protect | |
| Scratch and Dent | |
| Tyre and Rim Guard | |
| Warranties | |
| Pet Insurance | |
| Service Plan | |
| Gap Cover | |

6. ADDITIONAL FEES / CHARGES

| | YES/NO |
|--|--------|
| Do you charge a policyholder a fee in addition to the commission earned for Personal Lines Products? | |
| Do you charge a policyholder a fee in addition to the commission earned for Commercial Lines (BI) Products? | |

7. BEE RATING

| BEE Certificate effective date from | |
|-------------------------------------|--|
| BEE Certificate expiry date | |
| BEE Certificate (QSE, EME, GEN) | |
| BEE Level (1-8, N = Non-compliant) | |
| Black Owned % | |
| Black Woman Owned % | |
| Value Adding Supplier (Y/N) | |

8. FSP DUE DILIGENCE QUESTIONNAIRE

| Category | | Due Diligence question | YES/NO |
|----------|--|---|--------|
| 8.1 | License Status | Has your FSP license ever been suspended or withdrawn due to non-compliance? | |
| 8.2 | Enforcement Action/s | Has the FSP been found guilty of contravening any laws applicable to it, enforcement action taken or is there any pending regulatory action against it in the past 3 years? | |
| 8.3 | Financial Soundness | Is the FSP financially sound as is required by the FAIS Act and were the financial statements, if applicable, submitted to the FSB for the previous financial year? | |
| 8.4 | Fit and proper status of representatives | Do all directors, key individual and representatives meet the fit and proper requirements relating to honesty and integrity and competency? If the competency requirements are lacking, do the representatives work under management supervision in accordance with FAIS? | |
| 8.5 | Updated Representative Register | Does the FSP manage and update its representative register in accordance with the FAIS Act? | |
| 8.6 | Operational ability | Does the FSP have sufficient access to communication facilities, personnel and other means to ensure it meets the operational ability requirements as is required by the FAIS Act? | |
| | | Does the FSP have measures for filing and storage of records that provides for the safe keeping of business communications, client records and correspondence in accordance with the FAIS Act? | |
| | | Does the FSP have a disaster recovery and business continuity plan? | |

| 8.7 | Policies and Procedures | Does the FSP have the following Policies and procedures documented: | | | |
|---|---|--|--|--|--|
| | | a) Conflict of Interest Policy? | | | |
| | | b) Fit and Proper Policy? | | | |
| | | c) Debarment Policy? | | | |
| | | d) Complaints Resolution Procedure? | | | |
| | | e) Representative or Fit and Proper Policies? | | | |
| | | f) Governance and Risk Management policies/controls? | | | |
| 8.8 | Training | Does the FSP ensure that its representatives receive adequate product and other training on a regular basis? | | | |
| 8.9 | Treating Customers Fairly | Has the FSP adopted measures to ensure that in the rendering of financial services it adheres to the outcomes of Treating Customers Fairly? | | | |
| 8.10 | Does the FSP maintain a complaints register to record all complaints received in the rendering of the services (if applicable)? | | | | |
| | | Will the FSP be able to share with the Insurer a copy of all complaints received on the FSP's service and the outcome thereof for the past year? | | | |
| | | Was there evidence that TCF principles were applied in dealing with complaints? | | | |
| 8.11 Maintenance of data integrity Does the FSP have full details of the policyholders? | | Does the FSP have full details of the policyholders? | | | |
| | | Is the client's data accurate at all times? | | | |
| 8.12 Conflict of Interest | | Is the shareholding of the FSP Partner clear of any conflict of interest? | | | |
| | | Did the FSP provide a copy of its most recent conflict of interest assessment which includes its shareholding? | | | |
| 8.13 | Access to Information | Will the insurer have access to the FSPs systems in real time? | | | |
| | | Is there integration capability between the FSP and the insurer's system? | | | |
| | | Are there any restrictions/ resistance on the part of the FSP in respect of allowing the insurer to access the client's information? | | | |
| 8.14 | POPIA section | Is the Privacy Policy in place? | | | |
| | | Please share Information Officer details below: | | | |
| | | | | | |
| | | | | | |
| | | Do you comply with POPI Act? | | | |
| 8.15 | Other information | If there is any information the FSP wishes to note, please do so below: | | | |
| | | | | | |

$9. \quad PLEASE \ SPECIFY \ EMAIL \ ADDRESSES/\ ADDRESSES \ TO \ WHICH \ WE \ CAN \ SEND \ RELEVANT \ REPORTS:$

| | | | Email Address |
|------|------------------------------|--------------------------------|---------------|
| 9.1 | Non- payments | NonPaymentRepCont | |
| 9.2 | Outstanding requirements | OutstandingRequirementsRepCont | |
| 9.3 | New policies | NewPoliciesRepCont | |
| 9.4 | Policy Amendments | PolicyAmendRepCont | |
| 9.5 | Cancelled policies | CancePolRepCont | |
| 9.6 | Reinstatements | ReinstatementsRepCont | |
| 9.7 | Claims | ClaimsRepCont | |
| 9.8 | Policy increases | PolicyIncreaseRepCont | |
| 9.9 | Cash-back due | CashBackRepCont | |
| 9.10 | Commission statements | CommissionStatements | |
| 9.11 | 48 Hour Pend | FortyEightHourPend | |
| 9.12 | Broker Fee waived | BrokerFeeWaived | |
| 9.13 | IT3 recipient | ITThreeRecip | |



10. DECLARATION

| I/We hereby apply for an agreement with the aforementioned Insurer/s, subject to the Insurer's usual terms and conditions. I/We acknowledge that I/we have no authority to obtain any new business for submission to the Insurer/s until a signed official agreement has been issued to and accepted, and that any payment of any commission in respect of any business that may be introduced by myself/ ourselves prior thereto will be at the entire discretion of the Insurer/s, whose decision shall be final and binding. I/We declare that the application form and all the questions contained therein have been answered completely and truthfully. I/We acknowledge that should any of the information given by me/us be false or incomplete, and the Insurer/s subsequently discovers this, the agreement may be terminated immediately and without further notice by the Insurer/s. I/We accept that to facilitate the assessment of this or any other application for an appointment and/ or contract, I/we hereby irrevocably authorise the Insurer/s to obtain from any person or institution, whom I/we hereby so authorise and request to give any information which the Insurer/s deems necessary and to share with others that information and any information contained in this. I/We further undertake and agree to furnish the Insurer/s immediately with full details of any change in director's/member's/ partner's/trustee's details, and I/we undertake and agree to supply complete details to the Insurer/s when a representative is appointed or when a representative terminates his/her services with me/us as well as about any change of address that may occur or change in license status which may take place. I/We undertake to ensure that all my/ our representatives will be fully knowledgeable on the Insurer/s products before marketing, selling or submitting any product application forms to the Insurer/s and that such representatives shall be registered on the FSB website. I/We declare that we shall at all times comply with the applicable law, specifically t | | | |
|--|------|--|--|
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| the Short- Term Insurance Act no 53 of 1998, the Financial Advisory and Intermediary Services Act no 37 of 2002, the Financial | 10.7 | selling or submitting any product application forms to the Insurer/s and that such representatives shall be registered on the FSB | |
| Intelligence Centre Act no 38 of 2001, all regulations, rules and directives promulgated there under and any other financial, investment or consumer related legislation applicable from time to time. | 10.8 | the Short- Term Insurance Act no 53 of 1998, the Financial Advisory and Intermediary Services Act no 37 of 2002, the Financial Intelligence Centre Act no 38 of 2001, all regulations, rules and directives promulgated there under and any other financial, | |
| I/ We agree that this application form part of the agreement with the Insurer/s. | 10.9 | I/ We agree that this application form part of the agreement with the Insurer/s. | |

Auto & General Insurance Company Limited is a licensed non-life insurer and financial services provider. T's and C's online. Budget Insurance Company Limited is a licensed non-life insurer and financial services provider. T's and C's online. First for Women Insurance Company Limited is a licensed non-life insurer and financial services provider. T's and C's online. Virseker is a product of Auto & General Insurance company Limited. T's and C's online.



