



**African Rand Underwriting Managers (Pty) Ltd.**  
Reg No: 2004/007797/07  
49 Sophia Str  
Fairland, Johannesburg.  
P.O. Box 731386  
Fairland, 2030.

Phone: 678-1354/5/6  
Fax: 678-1357

**AUTHORISED FINANCIAL SERVICES PROVIDER: FSP5742**

**AGENCY APPLICATION**

1. Full name of applicant \_\_\_\_\_  
Identity number
2. Name of business \_\_\_\_\_  
\_\_\_\_\_
3. Are you a:  
(a) Registered company? \_\_\_\_\_ Income Tax no: \_\_\_\_\_  
Partnership? \_\_\_\_\_ Vat registration no: \_\_\_\_\_  
(b) Close corporation? \_\_\_\_\_  
(c) Sole trader? \_\_\_\_\_  
**FSB NUMBER:** \_\_\_\_\_
4. Business address \_\_\_\_\_  
\_\_\_\_\_
5. Postal address \_\_\_\_\_  
\_\_\_\_\_
6. Email Address \_\_\_\_\_
7. Business telephone \_\_\_\_\_ Home telephone \_\_\_\_\_  
Fax No \_\_\_\_\_
8. Professional occupation \_\_\_\_\_
9. Full names and residential addresses of partners, directors & ID numbers/address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Are u a member of SAIBA or other Professional Insurance Body? If "YES" state name  
\_\_\_\_\_  
\_\_\_\_\_
11. With which other Insurance Companies do you have or have you had an agency agreement?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Classes of business transacted and annualized premium income  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Do you intend to transfer existing business across to African Rand Underwriting managers (Pty) Ltd.? Please indicate the classes and the annualized premium income.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Have you or any of your partners/directors ever:

- (a) Effected a compromise with creditors
- (b) Had an insurance agency cancelled
- (c) Been declared insolvent or in the case of company been Placed under judicial management or provisional liquidation?  
If ' Yes' give details?

Yes	No
Yes	No
Yes	No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Banking Details

<b>Bank Details: Please complete correctly as info is vital for agency acceptance on Persetel System</b>
NAME OF BANK:
BRANCH NAME:
BRANCH CODE:
NAME OF ACCOUNT HOLDER:
TYPE OF ACCOUNT:
ACCOUNT NUMBER:

16. African Rand Marketing Agent/Referred By: \_\_\_\_\_

**Conditions of Appointment**

1. You must provide African Rand Underwriting Managers (Pty) Ltd with a copy of you Professional Indemnity Insurance Schedule.
2. You must provide African Rand Underwriting Managers (Pty) Ltd with a copy of your FSB Authorization certificate and supporting documents indicating the class of business for which you are authorized.
3. You must forward all proposals to the Company as soon as practicable
4. You must make a commitment to the company that you intend to grow a book of business with them
5. You are not empowered to give cover for any risk nor are you empowered to bind the Company by any statement written or oral unless expressly authorized by the Company to do so
6. You must advise the Company immediately if you receive notice of a claim under any of the policies in your agency. You are not authorized to arrange loss settlements on behalf of the Company

7. In the event of a policyholder introduced by you instructing the Company that he desires some other person to be regarded as Agent for his insurance then the Company shall have the right to transfer such insurance and to cease paying the commission to the Agent in respect of such insurance.
8. If the agent dies, compounds with his creditor, becomes bankrupt or (*in the case of a company*) goes into liquidation, whether voluntary or compulsory, the appointment is thereby cancelled. Furthermore, the appointment may be terminated by the Company at any time without reason assigned, whereupon the right to all commissions and allowances (*apart from commissions and allowances already earned*) will cease and all stationery, books, papers or any other property belonging to the Company must be forthwith surrendered to the Company.
9. In every case where a refund of premium is made on an insurance introduced through the agency (*whether by cancellation of the insurance, by reduction of the amount insured or for any other reason*) the commission on such refund will be debited to the Agent's account.
10. The Agent is not authorized to endorse the cheques made payable to the Company; these must be forwarded to the Company immediately, who will place them to the credit of the Agent's account.
11. Remuneration is by commission only in accordance with the agreed scale. The Company reserves to itself the right to revise and alter the rates of commission at its discretion and to stipulate amended commission terms of any particular insurance where special reinsurance arrangements have to be made or in connection with insurance of Public Bodies or in other circumstances.
12. It is not possible for any Agent to pay his commission or any part thereof either directly or indirectly to the Insured, an employee of the Insured or any member of the public and this appointment is subject to this regulation.

Nothing in this regulation, however, shall prevent an Agent sharing his remuneration with another duly appointed and registered Agent provided that the amount so paid shall not exceed the amount of remuneration payable in terms of the schedule of commission.

It will be appreciated that the above regulations are designed to protect the interest of authorized Agents.

I/We accept the conditions stated herein to be the basis of the agreement between me/us and the Company.

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Date

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Signature