

Agency Application Form

This form is required for all new agency applications and must be completed in full. If you already have an agency, this form may be requested for additional agency applications. Please discuss this with your local Old Mutual Insure branch or our Agency Management Division situated in Johannesburg **Tel: 011 374 2485**. Details of our agencies and the businesses linked thereto is treated with the utmost confidentiality.

Section 1

General information

(If the applicant is an individual then sub-sections A,C & D must be completed. If the applicant is a Business then sub-sections B, C & D must be completed.)

A. Where the applicant is an individual:

1. Title:	<input type="text"/>	2. Initials:	<input type="text"/>
3. First Names:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
4. Surname:	<input type="text"/>		
	<input type="text"/>		
5. ID Type:			
SA Identification:	<input type="text"/>		
ID Number:	<input type="text"/>		
Other:	<input type="text"/>		
Number:	<input type="text"/>		
6. Date of Birth:	<input type="text"/>		

B. Where the applicant is a business:

7. Name of business:	<input type="text"/>		
8. Company type:	Trust <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/>
	Private Company <input type="checkbox"/>	Closed Corporation <input type="checkbox"/>	Limited Liability Company <input type="checkbox"/>
9. Business Registration Number:	<input type="text"/>		
9.1 Total Staff Complement:			
Administration:	<input type="text"/>		
Underwriting:	<input type="text"/>		
Claims:	<input type="text"/>		
Accounts:	<input type="text"/>		
Management:	<input type="text"/>		

C. Address details:

10. Is the agency registered locally or in a foreign country? Local: ☐ Foreign: ☐

11. If foreign then please supply:

Country:

Postal Code:

12. Postal Address:

Suburb:

City/Town:

Postal Code:

13. Physical Address:

Suburb:

City/Town:

Postal Code:

14. Tel. Office: Country Code: Area Code:

Number:

15. Fax: Country Code: Area Code:

Number:

16. E-mail Address:

17. Cellphone Number:

D. Agency details:

18. Occupation: (e.g. Insurance Broker):

19. Number of years in current occupation:

20. FAIS Number:

21. F.I.A. Number:

22. Please indicate type of agency: Direct: ☐ Credit: ☐

23. Has a guarantee been lodged with the Insurance Association (If credit)?

Yes: ☐ No: ☐

24. If yes, please supply the following:

24.1 I.G.F Number:

24.2 Guarantee Amount:

24.3 Expiry date:

24.4 Do you make use of Premium Collections? Yes: ☐ No: ☐

Name of collections house if applicable:

25. Main contact person at the business?

25.1 Title:

25.2 Name:

25.3 Surname:

25.4 Business Title: (e.g. Managing Director)

25.5 Language Preference: English: ☐ Afrikaans: ☐

25.6 Email address:

26. Correspondence section

26.1 Preferred method of dispatch: Email: ☐ Post: ☐

26.2 Underwriting email address (if email):

26.3 Claims email address:

26.4 Commission statement email address:

Section 2

Tax Details

1. Tax Region:

2. Tax Number: (Attach proof from SARS)

3. VAT Vendor: Yes: ☐ No: ☐

4. Vat Number:

5. Tax Directive: Percentage: %
Period From: To:

6. Provisional Tax Payer? Yes: ☐ No: ☐
(Attach proof from SARS)

7. Personal Services Provider? Yes: ☐ No: ☐
(More than 80% income from one source and/or less than 3 non-related employees)

For office use:

Tax Type: ☐

Tax Indicator: ☐

Section 3

Bank Details

1. Bank Account Type: Current: ☐ Transmission: ☐ Savings: ☐

2. Bank Account Number:

3. Bank Branch Code:

If you do not have the branch code please provide the name of your bank and branch:

4. Account holder's Name:

(Copy cheque or bank confirmation required)

No:

Section 6

Please provide us with at least two references:

1. Name:	<input type="text"/>																			
Relationship:	<input type="text"/>																			
Address:	<input type="text"/>																			
	<input type="text"/>																			
Occupation:	<input type="text"/>																			
Telephone: Code:	<input type="text"/>					Number:					<input type="text"/>									

2. Name:	<input type="text"/>																			
Relationship:	<input type="text"/>																			
Address:	<input type="text"/>																			
	<input type="text"/>																			
Occupation:	<input type="text"/>																			
Telephone: Code:	<input type="text"/>					Number:					<input type="text"/>									

Section 7

FAIS and General

1. Have you previously had an agency contract cancelled?																					
Yes:	<input type="checkbox"/>					No:	<input type="checkbox"/>														
If yes, please supply full detail:	<input type="text"/>																				
	<input type="text"/>																				
	<input type="text"/>																				

2. Individual and Partnerships:																					
Name:	<input type="text"/>																				
ID Number:	<input type="text"/>																				
Qualifications:	<input type="text"/>																				
Experience: Field	<input type="text"/>															Years	<input type="text"/>				

3. Company / Closed Corporations (If more members or directors, please add details on a separate sheet)																					
3.1 Name of director or member:	<input type="text"/>																				
ID Number:	<input type="text"/>																				
Qualifications:	<input type="text"/>																				
Experience: Field	<input type="text"/>															Years	<input type="text"/>				
3.2 Name of director or member:	<input type="text"/>																				
ID Number:	<input type="text"/>																				
Qualifications:	<input type="text"/>																				
Experience: Field	<input type="text"/>															Years	<input type="text"/>				

4. Compliance Officer:	<input type="text"/>																			
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5. Do your key individuals meet the FAIS Fit and Proper requirements?	Yes:	<input type="checkbox"/>					No:	<input type="checkbox"/>				
6. Does your organisation meet the FAIS Operational requirements?	Yes:	<input type="checkbox"/>					No:	<input type="checkbox"/>				
7. Does your organisation comply with the FAIS Financial soundness requirements?	Yes:	<input type="checkbox"/>					No:	<input type="checkbox"/>				

8. Compliance Report: Please give details of your:

8.1 Storage of records:

8.2 Date of last FAIS compliance reporting:

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8.3 Recording of advice:

8.4 Recording of handling of complaints:

8.5 Compliance with FICA:

8.6 Have you/any KI/member or director:

8.6.1 Applied to Old Mutual Insure before:

Yes: ☐ No: ☐

8.6.2 Been declared insolvent, liquidated or sequestrated?

Yes: ☐ No: ☐

8.6.3 Been found guilty of any criminal or civil offence?

Yes: ☐ No: ☐

If yes please supply full detail:

I/we, warrant the information provided is true and correct and that Old Mutual Insure may perform a credit check on the applicant and the directors/members.

This application is signed at: _____

Signature: _____ Capacity: _____

Name: _____ Date: _____

Company Stamp:

Herewith a checklist of all the supporting documents we would require to process your application:

Proof of Income Tax Number ☐

Proof of VAT Number if applicable ☐

Proof of Bank Account
(cancelled cheque or letter from bank not older than 12 months) ☐

Copy of Professional Indemnity Schedule ☐