



RENASA FACILITY APPLICATION

THE ISSUANCE OR COMPLETION OF THIS FORM DOES NOT CONSTITUTE AN APPOINTMENT OR AUTHORITY TO REPRESENT RENASA INSURANCE COMPANY LIMITED OR TO BIND THE INSURER TO ANY RISKS PRIOR TO THE APPROVAL BY THE COMPANY OF THIS APPLICATION AND THE CONCLUSION OF A WRITTEN AGREEMENT AS CONTEMPLATED BY THE SHORT TERM INSURANCE ACT NO 53 OF 1998 AS AMENDED AND ANY REGULATIONS MADE UNDER SECTION 70 THERETO. ALL INFORMATION ON THIS DOCUMENT WILL BE TREATED IN THE STRICTEST CONFIDENCE.

SECTION 1. BUSINESS PARTICULARS

| | | | | |
|--|--------------------------|---|--------------------------|------------------------|
| Registered Business Name | | (The party to the intermediary agreement) | | |
| | | | | |
| Trade Name | | | | |
| | | | | |
| Type of business | | (Tick as applicable) | | |
| Business Type | Tick | Business Type | Tick | Registration No |
| Sole Proprietor | <input type="checkbox"/> | Close Corporation (CK No) | <input type="checkbox"/> | |
| Partnership | <input type="checkbox"/> | Limited Liability Company (PTY/PTY.LTD) | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | Specify other | | |
| (Please attach copies of the relevant business registration documentation) | | | | |
| Registered Business Address | | (Domicilium address) | | |
| | | | | |
| | | | | |
| | | | | Postal Code: |
| | | | | |
| Date of Business Establishment / Incorporated : | | Date of Inception of Present Management : | | |
| Shareholders | | (25% or greater shareholding) | | |
| Initials | Surname | Percentage Share | ID number | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Duly Authorised Representatives | | (Persons who are authorised to sign an agreement) | | |
| Full Names and Surname | | Position / Capacity | ID number | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Official Business Particulars

SECTION 2. CONTACT DETAILS AND ADDRESS FROM WHERE THE BUSINESS IS CONDUCTED

| | | | |
|-------------------------|--|----------------|--------------|
| Physical Address | | | |
| | | | |
| | | | |
| | | | Postal Code: |
| | | | |
| Postal Address | | | |
| | | | |
| | | | |
| | | | Postal Code: |
| | | | |
| Telephone No. | | Fax No. | |
| | | | |
| Contact person | | | |
| | | | |
| E-mail Address | | Cell No | |
| | | | |

Operational Info

SECTION 3. BANKING DETAILS

For Commission Payments, please supply your Banking Details, and attach confirmation such as a Cancelled Cheque :

| | | | | | | | | |
|--------------|--|-----------------|--------------------------|--------|--------------------------|---------|--------------------------|--------------|
| Account Name | | Type of Account | <input type="checkbox"/> | Cheque | <input type="checkbox"/> | Savings | <input type="checkbox"/> | Transmission |
| Bank Name | | Account No. | | | | | | |
| Branch Code | | Branch Name | | | | | | |

Banking

SECTION 4. MEMBERSHIPS OF PROFESSIONAL ORGANISATIONS

| | | |
|--|--|-------------------|
| Are you presently registered with any Professional Organisation - if so, please provide details: | | YES / NO |
| Name of Organisation | | Membership Number |
| | | |
| | | |
| | | |

Memberships

SECTION 5. VALUE ADDED TAX

| | | |
|--|--|--------------------------------------|
| Are you registered in terms of VAT legislation | | YES / NO |
| If yes, please provide VAT Number | | Attach a copy of the VAT certificate |

VAT

SECTION 6. FINANCIAL ADVISORY AND INTERMEDIARY SERVICES ACT ("FAIS")

| | | | |
|---|--|------------------------------------|-----------|
| FAIS license number | | Attach a copy of the FAIS license. | |
| Are you required to have a Compliance Officer | | YES / NO | |
| Is your Compliance Officer outsourced | | YES / NO | |
| Compliance Officer Name | | | |
| Compliance Practice Number | | | |
| Compliance Officer Contact Particulars | E-Mail Address | | |
| Telephone No | Fax No | | |
| List of Key Individuals | (Attach list should there not be sufficient space below) | | |
| Initials | Surname | Position / Capacity | ID number |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

FAIS

SECTION 7. PREMIUM COLLECTION

Please indicate the Premium collection method

| | | | |
|--|--------------------------|----------|--|
| Premium collected by the insurer | <input type="checkbox"/> | YES / NO | |
| Premium collected by your self | <input type="checkbox"/> | YES / NO | IGF in Place? <input type="checkbox"/> YES / NO |
| Premium collected by a collection agency | <input type="checkbox"/> | YES / NO | (If yes please attach the collection agency agreement) |
| Collection agency name | | | |

Premium

SECTION 8. INSURANCE PARTICULARS

(Attach a copies of the relevant Professional Indemnity Cover Policy Schedule and IGF)

| Professional Indemnity | | Insurer Name | |
|--|--|--|----------|
| Limit | | Policy Number | |
| Renewal Date | | Any PI claims? | YES / NO |
| Claims Details | | | |
| IGF Cover (Required if you collect your own premium) | | (Required if you are collecting premium) | |
| Limit | | IGF number | |
| Renewal Date | | Any IGF claims | YES / NO |
| Claims Details | | | |

IGF & PI Cover

SECTION 9. TYPE OF FACILITY REQUESTED

| | | | | | | | |
|----------------------|--------------------------|------------|--------------------------|-------------------------|--------------------------|-------|--------------------------|
| (tick as applicable) | | | | | | | |
| Domestic | <input type="checkbox"/> | Commercial | <input type="checkbox"/> | Domestic and Commercial | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Specify other | | | | | | | |

Facility

SECTION 10. STRUCTURE OF INSURANCE PORTFOLIO (OPTIONAL)

| Marketing of Policies: | | | | |
|---|---------|-----------|-----------------------|-----------|
| Number of Brokers | | | Please attach Listing | |
| Number of Sub Brokers | | | Please attach Listing | |
| Please provide an indication as to the current make up of your full Short Term Insurance Portfolio | | | | |
| | Monthly | | Annual | |
| Class of business | Motor | Non Motor | Motor | Non Motor |
| Commercial | | | | |
| Domestic | | | | |
| Other | | | | |
| Total | | | | |
| Please provide an indication as to the amount and class of business you propose to place with us within 3 Months | | | | |
| | Monthly | | Annual | |
| Class of business | Motor | Non Motor | Motor | Non Motor |
| Commercial | | | | |
| Domestic | | | | |
| Other | | | | |
| Total | | | | |
| Please provide an indication as to the amount and class of business you propose to place with us within 12 Months | | | | |
| | Monthly | | Annual | |
| Class of business | Motor | Non Motor | Motor | Non Motor |
| Commercial | | | | |
| Domestic | | | | |
| Other | | | | |
| Total | | | | |

Insurance Portfolio

SECTION 11. REFERENCES AND OTHER FACILITIES

Advise the Name, Branch and Contact person of the 3 Insurance Companies with whom most of your business is placed

| <u>Company</u> | <u>Branch</u> | <u>Contact Person</u> |
|----------------|---------------|-----------------------|
| | | |
| | | |

| | |
|---|----------|
| Are there any Companies you do not presently have Facilities with but previously had Facilities with? | YES / NO |
|---|----------|

If YES, please detail these companies and the reason for the facility being terminated

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| |
|--|

| | |
|---|----------|
| Do you have or ever had a facility with Renasa? | YES / NO |
|---|----------|

| | |
|---|--|
| If YES, please indicate with which administrator? | |
|---|--|

| | |
|----------------------------------|----------|
| Is this facility still in place? | YES / NO |
|----------------------------------|----------|

If YES, please indicate why you would like to have another Facility with Renasa

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|--|
| |
|--|

If NO, please detail the reasons for the Facility being terminated with Renasa

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|--|
| |
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| | |
|--|----------|
| Have any of the persons listed in Sections 1 and 6 above ever had a Facility or a Facility Application declined or terminated or granted on special terms? | YES / NO |
|--|----------|

| | |
|-----------------------------|--|
| If YES, please give details | |
|-----------------------------|--|

SECTION 12. DECLARATION

| | |
|--|----------|
| Have any of the persons listed in Sections 1 and 6 above been convicted of any criminal offence other than minor motoring offences during the past 10 years? | YES / NO |
|--|----------|

| | |
|-----------------------------|--|
| If YES, please give details | |
|-----------------------------|--|

| | |
|---|----------|
| Is there any civil or criminal (the latter other than a minor motoring offence) litigation pending against any of the Persons listed in Sections 1 and 6 above? | YES / NO |
|---|----------|

| | |
|-----------------------------|--|
| If YES, please give details | |
|-----------------------------|--|

| | |
|---|----------|
| Have any persons listed in Sections 1 and 6 or has any organisation in which they have held a managerial position been placed in provisional or final liquidation, receivership or been placed under provisional or final judicial management, or been provisionally or finally sequestrated or entered into arrangements with creditors or is any such matter pending? | YES / NO |
|---|----------|

| | |
|-----------------------------|--|
| If YES, please give details | |
|-----------------------------|--|

References and Other Facilities

Renasa History

Declaration

SECTION 13. SIGNATURE

I wish to be appointed an agent of or a broker to Renasa Insurance Company, subject to Renasa’s usual terms and conditions.

I warrant that the information herein is true and correct to the best of my knowledge. I confirm that I am prepared to furnish Renasa with any other relevant information that may be required.

I further authorise Renasa to obtain any relevant information they deem fit and authorise any third party to provide the relevant information to independently verify that the information contained in this application form is correct, determine my/our financial strength, determine my/our operational ability and/or determine my/our business’s performance.

I acknowledge and understand that the appointment as an agent of or a broker to Renasa Insurance Company is subject to Renasa Insurance Company’s approval. The commencement of any business is subject to the appropriate agreement/s being signed.

Capacity / Title:

Full Names:

Signature:

Date:

SECTION 14. ADMINISTRATORS OR PORTFOLIO MANAGER VERIFICATION

To be completed by a Renasa authorised administrator or Internal Administration

| ADMINISTRATOR / PORTFOLIO MANAGERS NAME | | |
|---|----------|---------|
| Section 1 Copies of Registration documents attached | YES / NO | Comment |
| Section 3 Confirmation of banking details attached eg. Cancelled Cheque | YES / NO | Comment |
| Section 5 Copy of vat Certificate attached | YES / NO | Comment |
| Section 6 Copy of FAIS license attached | YES / NO | Comment |
| Section 7 Copy of collection agency agreement attached | YES / NO | Comment |
| Section 8 Copy of PI Cover Attached | YES / NO | Comment |
| Section 8 Copy of IGF | YES / NO | Comment |
| Section 9 List of Brokers/Sub-Brokers Attached | YES / NO | Comment |

We confirm that, to our knowledge, the above information has been completed correctly and that we will put the appropriate agreement in place once we have received confirmation that this Application has been approved by Renasa, and that a copy of that agreement and any of the above information will be available to Renasa at any time.

AUTHORISED SIGNATORY:

Capacity / Title:

Full Names:

Signature:

Date:

Administering Party Signoff