

## INTERMEDIARY APPROVAL APPLICATION FORM

Please return to: Hollard Group Risk, Florence House, 22 Oxford Road, Parktown 2193 or PO Box 87419, Houghton  
Tel: (011) 351 5000. Fax: (011) 351 3221. Email: hgrcompliance@hollard.co.za

Please indicate if this form is for:

Long-term insurance  Short-term insurance  Both

### INTERMEDIARY DETAILS

Registered business name:

Physical address:

Code:

Postal address:

Code:

Telephone number:

Fax number:

Web address:

### TYPE OF BUSINESS

Private company:  Registration number:

Public company:  Registration number:

Close corporation:  Registration number:

Trust:  Registration number:

Sole proprietor:  Registration number:

Partnership:  Registration number:

When did your business commence operation?

Is the business a registered VAT vendor?  Y  N

VAT registration number (Please attach copy of VAT certificate):

If no VAT number is provided we will assume that the taxable turnover is less than R1 million per annum and that the intermediary does not need to be registered for VAT. Please note that no VAT will then be payable.

**FAIS REQUIREMENTS:**

The intermediary must be an authorised Financial Services Provider.

FSP number:

Is reference to the FAIS licence made in all business documentation, advertisements and other promotional material?:  Y  N

Have processes been put in place to deal with FAIS complaints if, and when they arise?  Y  N

Do you have Professional Indemnity Insurance?  Y  N

Do you have Fidelity Guarantee Insurance?  Y  N

Do you have IGF Cover (short-term only)?  Y  N

If "Yes" to any of the above, please attach copy(s) of your current certificate(s) of cover to this application.

**PREMIUMS:**

Will you be responsible for the collection of premiums?  Y  N

**PERSONAL DETAILS:**

Name in full:

Identity number:

Telephone number:

E-Mail address:

**DETAILS OF DIRECTORS/PARTNERS/MEMBERS**

May we contact the Directors / Partners / Members directly for additional information, if required?  Y  N

If "No", please provide the name and contact details of the person from whom the additional information may be requested:

Name:

Telephone number:

E-Mail address:

Please complete the section below for each Director / Partner / Member. If more space is required, please attach a sheet to the application.

**Director / Partner / Member 1:**

Name in full:

Identity number:

Management of the business: Executive  Non-executive

Interest / shareholding in the business:  Y  N Percentage:

Telephone number:

E-Mail address:

**Director / Partner / Member 2:**

Name in full:

Identity number:

Management of the business: Executive  Non-executive

Interest / shareholding in the business:  Y  N Percentage:

Telephone number:

E-Mail address:

**Director / Partner / Member 3:**

Name in full:

Identity number:

Management of the business: Executive  Non-executive

Interest / shareholding in the business:  Y  N Percentage:

Telephone number:

E-Mail address:

**Director / Partner / Member 4:**

Name in full:

Identity number:

Management of the business: Executive  Non-executive

Interest / shareholding in the business:  Y  N Percentage:

Telephone number:

E-Mail address:

Details of authorised representatives who will submit business on behalf of the intermediary:

**Full name**

**Identity number**



If a juristic representative is included please attach a copy of the Section 13 certificate.

**GENERAL**

Have you or any of the Directors' / Partners' / Members' estates ever been sequestrated or have you ever effected a compromise with any of your creditors or been convicted of a criminal offence or had civil judgement against you?

Y	N
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If "Yes" please provide details:


Has any insurer declined to grant or cancelled an intermediary agreement or declined to grant or cancelled any commission arrangements?

Y	N
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If "Yes" please provide details:


Has any party to this application ever been declared insolvent, placed in liquidation whether provisional or final or reached a compromise with creditors?

Y	N
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If "Yes" please provide details:


Does any party to this application have any pending or criminal convictions, defaults or judgements or paid an admission of guilt fine other than speeding or parking offences?

Y	N
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If "Yes" please provide details:


Is there any material fact that is likely to influence the assessment of this application which will effect the decision Hollard makes with regard to whether we approve the intermediary application?

Y  N

If "Yes" please provide details:

If you have any doubt as to whether a fact would be considered material you should declare/explain it anyway to enable us to make an informed decision. Where necessary or possible, provide proof to substantiate your explanation/declaration. All the information that we request in this application is material. Please provide any relevant information on a separate page if necessary and attach to this application.

**DECLARATION**

I/We hereby authorise Hollard Life Assurance Company Limited and/or The Hollard Insurance Company Limited (Hollard) to make, on a confidential and discreet basis, any enquiries with any of the individuals or institutions referred to in this intermediary approval application form on the basis that Hollard shall not disclose any information obtained and shall only use such information for the purposes of assessing this intermediary approval application.

In addition, I/We authorise Hollard to make enquiries with and/or interview my/our auditors and/or legal advisors and to request them to furnish Hollard with a certificate or statement of good standing, if necessary.

I/We undertake to advise Hollard immediately of any changes in Directors / Partners / Members change in address, or any other details which are pertinent to this application and agreement. I/We will comply with all the rules and conditions laid down by Hollard. I/We further agree that this application will form part of my/our agreement with Hollard, if my/our application is successful.

I/We acknowledge that in the event of any commission received in excess of what was due in respect of a policy, regardless of the reason, that such overpaid commission shall be refunded to Hollard on demand.

I/We acknowledge that should any of the information given be false or incomplete, the intermediary agreement and accreditation may be terminated immediately.

I/We acknowledge that I/We have the relevant knowledge, competency and proficiency to market the standard products, schemes and policies offered by Hollard, and as approved in terms of my/our FSP license, to my/our clients.

I/We hereby state and affirm that the information given herein is true, correct and complete in all respects.

Signed at  on this  day of  20

For and on behalf of the Intermediary

Signature

Witnesses:

Signature

Signature

## INDEMNITY AND CONSENT TO DISCLOSURE

The indemnity and consent form must be completed and permission for Hollard Life Assurance Company Limited and/or The Hollard Insurance Company Limited (Hollard), to make the necessary enquiries for the purposes of assessing this intermediary approval application and accreditation.

I, the undersigned (full names),

with ID number

in my capacity as (job title)

of (company)

warrant that I am duly authorised to complete and submit the application for intermediary approval on behalf of the company and all parties represented herein by myself and if requested will provide adequate proof of such authority.

On my own behalf, and on behalf of any other party I represent, I:

1. hereby indemnify Hollard and its duly appointed representatives from any loss or damage caused to me/ the company and the parties that I represent in this application, as a result of Hollard disclosing any information provided in this document for the purpose of a proposed business relationship;
2. acknowledge that all information concerning the relevant sole proprietor, company owner, partner, shareholder, registered member, director and employees listed herein is essential to enable Hollard to properly evaluate the following information:
  - a. That may be recorded at any credit bureau;
  - b. Regarding any criminal history or record, previous convictions and any other relevant information usually furnished by the Criminal Record Centre;
  - c. Regarding any other material fact which is likely to influence the outcome of the application.
3. Accordingly waive any right to privacy in respect of the above information concerning the relevant sole proprietor, company, owner, partner, shareholders, registered members, directors and any of the other parties that I represent herein and I hereby consent to and authorise such information being disclosed by and to Hollard;
4. Consent to Hollard verifying the information provided by me against other legitimate sources on my own behalf, and on behalf of any other parties that I represent herein;
5. Furthermore indemnify Hollard, its agents and its employees against any liability whatsoever, which may result from furnishing or receiving information in this regard and hold them harmless on my own behalf, and on behalf of any other party(ies) that I represent herein;
6. Warrant that the information supplied in this application is true, accurate and complete in all respects, and that should there be a change in the information between the date of this application and the date of its acceptance and the inception date of any agreement that may be entered into between the parties. I will immediately notify Hollard in writing of such change;
7. Further I warrant that an opportunity was given to me to provide full declaration where relevant;
8. Accept that signing this application does not bind Hollard to offer or to accept my agreement, but it is agreed that this application shall be the basis of the agreement and will be attached to and made a part of the agreement should an agreement be entered into.

I acknowledge that I have read and understood the indemnity and consent to disclosure and I hereby authorise Hollard to make the necessary enquiries for the purposes of assessing the intermediary approval application.

Signed at  on this  day of  20

For and on behalf of the intermediary

Signature

Witnesses:

Signature

Signature