

APPLICATION FOR AN AGENCY/BROKER

INSURER										
Mutual and Federal Risk Financing Limited										
ENTITY PARTICULARS										
Complete Business name under which agency will operate (If a sole proprietor, furnish surname, full names and title)										
Company Name										
A	Registered Company	B	Close Corporation	C	Trust	D	Partnership	E	Sole Proprietor	
Registration No of Company							VAT Registration No			
Street address of agency/broker										
										Code
Postal address of agency/broker										
										Code
Name of the Contact person										
E-mail Address				Tel No			Fax No			
BANKING DETAILS										
Payment of commission into agency's bank account. The commission of the agency will be held into the agency's bank account. Please state the details hereunder										
Bank				Account Holder						
Account Number										
Branch Name					Branch Code					
Type of account (Please tick appropriate block)					Cheque		Transmission		Savings	
COMPLIANCE DETAILS:										
FSP No										
Compliance Officer										
Compliance officer contact details										
Professional Indemnity Insurer										
PI Cover Policy Number										

If you are a registered enterprise for VAT purposes

- (i) The stipulation of Section 20(2) of the Value Added Tax Act no. 89 of 1991, as amended, will apply and it is agreed that Mutual and Federal Risk Financing Limited will prepare the tax invoices.
- (ii) You will notify us immediately if your VAT status changes.

I / We declare that all particulars and statements given above, are true and correct, that they will form part of any subsequent agreement to be concluded and understand that the appointment as agency is subject to the provisions and guarantees included in Mutual and Federal Risk Financing Limited, official Agency Agreement which will be issued hereafter if this application is accepted.

Furthermore I / We declare that I / We:

- (a) are prepared to come to an agreement with the particular Mutual and Federal Risk Financing Limited branch(es) concerning objectives.
- (b) are prepared to give my / our cooperation regarding the following:
 - Acceptance of branch policy
 - Follow-up on RD debit orders
 - Revision of existing business
 - Screening of policies
- (c) will not request a quotation on the same business at more than one Mutual and Federal Risk Financing Limited Insurance branch.

As part of your application, please attach a copy of:

- **FSP licence certificate,**
- **VAT certification form**
- **PI policy schedule**
- **Company Registration documents**

Signed at: _____ Date: _____

On behalf of the Agency: _____

Designation: _____

Signature