



Broker application



kingprice.co.za

FSP no. 43862

Menlyn Corporate Park, Block A,
Cnr Garsfontein Road & Corobay Avenue,
Waterkloof Glen X11, Pretoria, 0181
PO Box 284, Menlyn, 0063
T +27 12 001 0800

King Price Insurance Company Ltd
Reg no. 2009/012496/06 FSP no. 43862
Executive Directors: G Galloway, RJP Finch, JH Huyser
Non-Executive Directors: G Radley, PH Faure, SJH van der Walt
Independent Non-Executive Directors: LL van der Nest, NJ Viviers, G Geldenhuys



Broker application form

Registered brokerage/trading name	
Previous trading names, agencies or brokers with whom you have been associated with	
FSP licence no.	
FSP contact person	
Full name of applicant	
ID no.	
Language preference	Afrikaans/English

Is the brokerage a

Sole proprietary	Yes	No
Partnership	Yes	No
Close corporation	Yes	No
Registered company	Yes	No
VAT registered	Yes	No

Applicant's contact details

Work no.	
Cell no.	
Email address	
Website	

Address of brokerage

Physical address		Postal address	
Postal code		Postal code	

Should the brokerage have branches in other areas please may we ask that you supply the above information for each additional branch on a separate sheet.

Key individual details

Name & surname	ID no.	Work no.	Cell no.	Email address

Representative's details

Please attach a separate sheet if necessary.

Name & surname	ID no.	Work no.	Cell no.	Email address

Compliance officer of brokerage's details

Name & surname	
Address	
Work no.	
Cell no.	
Fax no.	
Email address	
Website	

Preferred channel

FSP	Yes	No
iPlatform	Yes	No
Obelix	Yes	No
Procuero (business insurance)	Yes	No

Authorised admin staff details

Please attach a separate sheet if necessary.

Name & surname	ID no.	Work no.	Cell no.	Email address

Are all the key individuals and representatives of the business FAIS compliant and accredited?

Yes No If no, please provide details on a separate sheet.

Has your FSP licence ever been suspended or withdrawn?

Yes No If yes, please provide details on a separate sheet.

Have any of the above persons been convicted of any criminal offence during the past 10 years?

Yes No If yes, please provide full details on a separate sheet.

Other short term insurance contracts

Please attach a separate sheet if necessary.

Insurer/UMA	Contact person	Broker code

Do you have Professional Indemnity Cover (compulsory)?

Yes No If yes, please attach your PI certificate.

Have any of your insurance agencies ever been cancelled by an insurer or UMA?

Yes No If yes, please supply details on a separate sheet.

Additional information

Total book size	
Commercial split	
Personal split	

Banking details of brokerage

Please attach a separate sheet if necessary.

Bank	
Branch	
Branch code	
Account type	
Account no.	
Account holder	

Should any of the following apply to you, please attach the following documents to your application form.

Registered company	Copy of company registration form / certificate to commence business	Yes	No	
Partnership	Letter from auditor	Yes	No	
Close corporation	Copy of CK1 & CK2 (2A) if applicable	Yes	No	
Sole proprietary		Yes	No	
Certificate of change of name if applicable		Yes	No	
VAT registered	Certified copy of VAT registration form	Yes	No	
FSP licence	Copy of FSP licence & annexure: Conditions and restrictions (Annexure consists of two pages)	Yes	No	
Do you have procedures in place to comply with FICA if applicable		Yes	No	
Letter of good standing from SARS		Yes	No	
Copy of PI insurance policy/certificate of insurance		Yes	No	
Proof of banking details		Yes	No	
Copy of signed contract/broker agreement		Yes	No	
Proof of IGF		Yes	No	

Who should receive what

Category	Name	Email address
Commission statements		
Non payment reports		
General		
Policy cancellations		
Policy activations		
Renewals		
Claims		

Are you a member of the following voluntary organisations:

FIA		
IISA		
IIG or IING		

The fine print

Please read through the terms and conditions below before signing this application.

I warrant that all of the information contained in this application document is true and correct.

I understand that the insurer may approve or reject this application in its sole discretion. If this application is successful, the insurers standard agreement relating to business of this nature ('the agreement') will govern the relationship between the parties. I agree that any other terms and conditions on which the applicant may wish to rely are excluded.

I warrant that I am duly authorised to sign this application of behalf of the applicant.

Signature _____ For and on behalf of _____

Full name _____ Designation _____

Date _____

For our use only

To make an informed decision on this application, I, the undersigned hereby warrant that the application has been properly assessed and that all necessary checks to verify the legal and FSB status of the applicant have been performed properly.

Signature _____ Approved yes/no _____

Print name _____ Comments _____

Date _____

Designation _____ Broker code _____