VAPS
INSURANCE UNDERWRITERS

Suite 008, Midlands Office Park West,
Mountain Quray Rd, Midstream Estate,
Centurion, 1692

VAPS Insurance Underwriters | Intermediary Application Form

Inception date of facility requested:

Company Details

Name in full, including current trading title:

Previous trading names, agencies or brokers:

Form of business - tick as appropriate:

- ☐ Proprietary Limited Company (Pty Ltd) — Registration Number:
- ☐ Limited Liability Company — Registration Number:
- ☐ Close Corporation — Registration Number:
- ☐ Partnership
- ☐ Sole Proprietor
- ☐ Other — Details:

Please list the names, I.D. numbers and occupations of all directors

1.
2.
3.

Please list the names, I.D. numbers or registration numbers, and occupations of all share holders

1.
2.
3.

Please list the names, I.D. numbers and occupations of all members (CC's) and/or Partners (Partnerships)

1.
2.
3.

Have any of the persons listed above, or has any organisation in which they have held a managerial position been placed in provisional or final liquidation, or been placed under provisional or final judicial management, or been provisionally or finally sequestrated or entered into arrangements with creditors or are any such matters still pending? If yes, please provide full details:

Have any of these persons been convicted of any criminal offence during the past 10 years? If yes, please provide full details:

Is there any civil or criminal litigation pending against any of the persons mentioned above or against the applicant?
If yes, please provide full details:

Have any of these persons ever had any agency or an agency application declined, terminated or granted on special terms?
If yes, please provide full details:

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Contact Details

Physical address from which business is conducted:

Telephone No: Mobile: Fax:

Postal address Email Address:

Website Address:

Postal Code:

Date business was established or incorporated:

Date of inception of present management:

Membership Details

State any insurance / broker / underwriting association related membership

Association: Membership no:

Association: Membership no:

Banking Details

Name of Bank:

Branch Name:

Branch Number:

Account Name:

Type of Account:

Account Number:

Tax Status

Is the Company a registered taxpayer? Yes ☐ No ☐

Income tax number: VAT registration number:

Other Facility/Contract Details

Below, list the details of the three Insurance Companies and / or Underwriting Agencies with whom most of your business is placed:

Company Name:			
Branch:			
Contact Person:			
Contact Number:			
Period of Agreement:			
Monthly Premium:			
12 Month Loss ratio			

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Regulatory Information

Are you licensed in terms of the Financial Advisory and Intermediary Services Act (FAIS)? Yes ☐ No ☐

FSP Number:

Name of Compliance Officer:

Contact details: Business: Mobile:

Treating Customers Fairly:

1. Is awareness of TCF outcomes created in business?
2. Is TCF outcomes applied in business? If so, please provide details?
3. Are there any areas for concern?

PI and IGF Cover Details

Professional Indemnity Cover: Yes ☐ No ☐ (Please attach a copy as proof)

Excess Structure: Underwriter:

Limit of Indemnity: Policy Nr:

IGF Cover: Yes ☐ No ☐ (Please attach a copy as proof)

Excess Structure: Underwriter:

Limit of Indemnity: Policy Nr:

Who is covered under the PI policy, e.g. only Directors, all staff? Please specify

Technical Details of Employees

Number of employees:

Name & Surname	Short-term Insurance Experience	Authorised Representative	If Authorised Rep, does the Rep comply with all FAIS Fit & Proper Requirements?
		Yes ☐ No ☐	
		Yes ☐ No ☐	
		Yes ☐ No ☐	
		Yes ☐ No ☐	
		Yes ☐ No ☐	
		Yes ☐ No ☐	
		Yes ☐ No ☐	

Declaration

The information contained herein is true and correct and shall form part of the agreement to be concluded between VAPS Insurance Underwriters (Pty) Ltd, the Underwriting Manager and the independent intermediary

Important notice: The acceptance of this proposal is subject to the final approval of VAPS Insurance Underwriters (Pty) Ltd. VAPS Insurance Underwriters (Pty) Ltd will not accept responsibility for cover until written confirmation has been issued.

Name of Authorised Signature:

Signature: Date:

Place: