Physical Address: Irene Link Precinct, 7 Impala Avenue, Centurion, 0157
Postal Address: PO Box 1115, Bromhof, 2154
Tel: 086 144 4462
Web Address: genric.co.za

GENRIC Insurance Company

GENRIC Insurance Company Limited

Reg. no 2005/037828/06

Agency Application

FSP License number

IMPORTANT INFORMATION

1. **Required Documentation**
   Please note that in order to expedite your application the following documentation is required in addition to this application form:
   - **Complete copy of the FSP License with annexures (FSCA certificate with 3 pages)**
   - **Copy of Certificate of Incorporation of the Company or CC (CIPC)**
   - **Copy of the Current Professional Indemnity Schedule**
   - **Certified copy of a Key Individual's Identity Document**
   - **Copy of confirmation letter from the bank not older than 3 months**
   - **Copy of the current Tax Clearance Certificate of Good Standing (SARS)**
   - **Copy of VAT Certificate (SARS)**
   - **Resolution indicating authorised signatory/ies of the applicant**

2. Mandatory fields are indicated with an asterisk (*), should these fields not be completed the agency application cannot be processed.

3. **Confidentiality**
   We at GENRIC respect your right to privacy. We need to collect and process some of your personal information in terms of various Privacy and Data Management laws and are bound by the terms and provisions of the Protection of Personal Information Act No. 4 of 2013, regarding the acquisition, usage, retention, transmission and deletion of your personal information. All information provided in this application will be treated in the strictest confidence.
   Our Privacy Notice and POPIA Policy is available on our website www.genric.co.za.

1. *BUSINESS DETAILS	
Name in full, including trading title, if any	
Type of business (tick as appropriate)	
	Limited Liability Company (please state registration no)
	Partnership
	Sole Proprietor
	Close Corporation (please state C.K. no)
	Other

2. *ADDRESS DETAILS	
Telephone number:	Email address:
Fax no.:	
Postal address:	Physical address:
Postal Code:	Street code:

3. *BANKING DETAILS	
Please provide the banking details for commission payments;	
Bank Name:	Type of account:
Account Holder:	Branch name:
Account no.:	Branch code:

4. *REGISTRATION				
Are you presently registered with any professional organisation? If so, please provide the following details:				
Name of organisation, membership number and copies of professional organisation certificates				
Has your membership of any professional organisation ever been terminated?	YES		NO	
If YES, please provide more detail:				
Are you registered as a Vendor in terms of the VAT Legislation?	YES		NO	
If YES, please provide the VAT number:				
Please provide the Income Tax Number:				
Financial Services Provider Registration:				
FSP Number:				
Date of Registration:				
Licence Categories:				

5. STAFF
Total number of staff employed in your business (including all Directors, Members, Principals):
Number of registered Key Individuals:
Number of registered Representatives:
Are there any providers of advice who are not registered as representatives?
If YES, please state the reasons:
Name of Compliance Officer:
Telephone Number of Compliance Officer:
E-mail address of Compliance Officer:

6. DIRECTORS & PARTNERS*

Give the full names of all Directors/Members/Partners, including their percentage holdings, ID numbers and date of appointment.

Name and Surname	%	ID Number	Date of Appointment

7. BUSINESS CONTINUITY *(MANDATORY FOR SOLE PROPRIETOR)

Please provide the details of the successor in terms of the Business Continuity Plan:	
Name & Surname:	
Telephone number:	Email address:
Fax no.:	
Postal address:	Physical address:
Postal Code:	Street code:

8. *OFFENCES & LITIGATION

8.1. Have any of the persons listed in section 6, Key Individuals or Representatives been convicted of any criminal offence other than minor motoring offences during the past ten years YES ☐ NO ☐

If YES, please provide details:

8.2. Is there any civil or criminal (the latter other than a minor motoring offence) litigation pending against the FSP or persons listed in section 6 or Key Individuals YES ☐ NO ☐

If YES, please provide details:

8.3. Have any of the persons listed in section 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 sequestered or entered into arrangements with creditors or is such a matter pending? YES ☐ NO ☐

If YES, please provide details:

9. *COMPLIANCE		
As a business, are you aware of your responsibilities in terms of TCF?	YES ☐	NO ☐
Do you have a TCF and Complaints policy in place?	YES ☐	NO ☐
Are you, as a business, POPI compliant?	YES	NO
Do you have procedures in place to ensure the safekeeping of information?	YES ☐	NO ☐
Do you have a POPI policy in place?	YES ☐	NO ☐
Do you charge the policyholder a fee in addition to the commission earned?	YES ☐	NO ☐
If yes, please explain the fee in detail and **attach** a copy of the disclosure sent to policyholders:		

10. INSURANCE COMPANIES		
Please provide the name and branch address of the three insurance companies with whom you have an agency:		
Company	Branch	Premium volume

11. *BUSINESS STRUCTURES & PLANS	
Please indicate the classes of business you intend placing business with us:	
Class of Business	**Volume (R)**
Property and Casualty	
Health and Accident	
Motor related	
HCV & GIT	
Pet	
Legal	
Specie and Cash in Transit	
Security Industry Covers	
Other (indicate)	

12. *TYPE OF AGENCY REQUESTED	
12.1. **CASH AGENT** not authorised to receive any money in respect of premiums	☐
12.2. **CREDIT AGENT** collecting in terms of Section 45 of the Short-Term Insurance Act (Act No 53 of 98)	☐
12.2.1. Please indicate your:	
• Financial Year End:	
• Name of Collection agent:	
• Indication of the intended premium collection:	
• **Attach** a copy of the collection agreement between the Intermediary and the Collection agent	

13. *COMMUNICATION PREFERENCE

Do you prefer that all communication be sent directly to the Policyholder:

- If "NO", you accept responsibility to ensure that the Policyholder receives the communication
- If the "YES" option is selected, we will send the communication directly to the Policyholder

YES ☐ NO ☐

14. *CONTACT DETAILS

	Name	Tel no (incl. code)	Email address
Accounts			
Commission statements			
Claims			
Policy Administration			
Key Individual			

15. TERMS AND CONDITIONS

- I understand that GENRIC Insurance Company Limited may approve or reject this application in its sole discretion. If this application is successful, GENRIC Insurance Company Limited's 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;
- Without limiting the agreement, I warrant that the applicant will at all times comply with all laws and regulations – in particular (but without limitation), those applicable to insurance business;
- I warrant that all of the information contained in this application document is true and correct. I agree that it will be a material breach of the agreement if GENRIC Insurance Company Limited approves this application and any of the information supplied by the applicant is incorrect;
- I undertake to immediately advise GENRIC Insurance Company Limited of any change to my status that will impact the application or my FSCA licensing status. Failure to comply with this requirement will constitute a material breach of this agreement, and I hereby indemnify GENRIC Insurance Company Limited against any damage or losses that it may suffer as a result.
- I acknowledge that GENRIC Insurance Company Limited will assess this application and the ongoing conduct of the applicant and its representatives by verifying personal information (which includes personal details, credit history, claims information, employment references and any other relevant information) with other insurance companies or their agents, legitimate sources and databases.
- I consent to GENRIC Insurance Company Limited accessing any personal information about me or the applicant.
- I agree that GENRIC Insurance Company Limited may access personal information about any representatives of the applicant (including, without limitation, current employees, partners, members, officers, directors and/or trustees) and warrant that I will acquire consent from each of those representatives consenting to GENRIC Insurance Company Limited accessing their personal information upon the reasonable request of GENRIC Insurance Company Limited.
- GENRIC Insurance Company Limited will ensure the integrity and safekeeping of personal information in their possession or under their control. The personal information collected will be for a specific, explicitly defined and lawful purpose that is related to a function of the company. Personal information will be adequate, relevant and not excessive given the purpose. GENRIC Insurance Company Limited agrees that personal information will be destroyed, deleted or 'de-identified' as soon as the purpose for collecting the information has been achieved.

I warrant that I am duly authorised to sign this application	
Signature:	For and behalf of:
Full Name:	
Designation:	
Identity number:	Date:

FOR OFFICE USE ONLY	
Accreditation confirmation sent to agency	YES ☐ NO ☐
Mandate to collect premiums sent (if applicable)	YES ☐ NO ☐
For signature	
Key Individual:	
Date:	