GENRIC Insurance Company

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

APPLICATION FORM: ADDITION OF REPRESENTATIVE

INTERMEDIARY DETAILS:	
REGISTERED NAME	
INTERMEDIARY AGENCY CODE	
FSP NUMBER	

REPRESENTATIVE DETAILS:	
NAME	
SURNAME	
TELEPHONE NUMBER	
CELL NUMBER	
EMAIL ADDRESSS	
IS THE REPRESENTATIVE LISTED ON THE INTERMEDIARY'S REGISTER WITH THE FSCA	

DECLARATION

I accept that, should any of the information provided be found to be false or incomplete, the agreement with GENRIC Insurance Company Limited may be declared null and void.	
The INTERMEDIARY accepts full responsibility for the actions of the Representative as noted above and further confirms that the Representative is covered under the INTERMEDIARY's Professional Indemnity Policy.	
The INTERMEDIARY undertakes to notify GENRIC Insurance Company Limited immediately in the event that the Representative is removed from the INTERMEDIARY's Representative Register or is debarred.	
I hereby voluntarily consent to GENRIC processing my Personal Information.	
I understand the purposes for which my Personal Information is required and for which it will be used.	
I give GENRIC permission to process my Personal Information as provided above.	

TOGETHER WITH THIS APPLICATION KINDLY INCLUDE THE FOLLOWING DOCUMENTATION:

- **Copy of I.D Document of Representative**

Signed at _____ on this the _____ day of _____ 202__.

_____ REPRESENTATIVE SIGNATURE

_____ KEY INDIVIDUAL SIGNATURE