

Strictly Confidential Multiple Guardrisk Broker Application

(Please take note that this application cannot be processed unless ALL fields, (6) pages and attachments are complete)

BUSINESS PARTICULARS

1. State the full business name under which the broker operates (if a sole proprietor furnish the full names and title):

2. Name and membership number of professional broking organisation of which you are a member (IBC etc):

3. Provide your Professional indemnity insurance policy details (*please attach a copy of your valid in force PI Policy*):

Insurer: _____

Limit: _____

Expiry: _____

4. State whether you want to be loaded as Cash, Guaranteed Broker or both:

- | | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Guaranteed Broker |
| <input type="checkbox"/> | Cash Broker |
| <input type="checkbox"/> | Both |

5. If Guaranteed Broker, please tick the correct box below and attach the applicable documents as specified for each option:

Choose your option:

- | | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Collecting premium yourself; OR |
| <input type="checkbox"/> | Collection Agent collecting premium |

Attach applicable documentation:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Broker PI Policy, FG & IGF |
| <input type="checkbox"/> | Broker PI Policy, and FG & IGF of Collection Agent |

6. FSP licence number:

7. VAT registration number:

8. Street address:

_____ Postal Code _____

9. Postal address:

Postal Code _____

10. Email address:

11. Contact numbers:

Office number: (_____) _____ Fax number: (_____) _____
Cell phone number: _____

12. Indicate the type of business:

<input type="checkbox"/>	Registered Company	Registration no: _____
<input type="checkbox"/>	Close Corporation	Registration no: _____
<input type="checkbox"/>	Trust	Trust Number: _____
<input type="checkbox"/>	Partnership	
<input type="checkbox"/>	Sole proprietor	

13. State the names of the Directors, Members, Trustees, Partners or Owners:

(Please attach a letterhead to this application)

NAME	I D NUMBER	RESIDENTIAL ADDRESS	JOB FUNCTION	INTEREST / SHARE-HOLDING

14. Have any of the above persons been sequestrated or liquidated ?

NO
 YES If so indicate in respect of each person (use a separate page if necessary)

- When it occurred ?

- Has rehabilitation occurred ?

- Has any party been found guilty of a criminal offence ?

- State particulars of such criminal offence(s) ?

- Are any criminal matters or law suites pending ?

- If so state particulars and the date it will be finalised ?

- Is there a civil sentence which has declared against any party which has not been served or settled ?

- Have any of the above persons been dismissed from employment ?

15. On a separate page provide a brief CV of each of the above persons.

16. Do any of the above persons already have an agency with Guardrisk Insurance Company Limited?

17. State the senior / authorised person:

Name: _____
ID number: _____

18. Are all personnel FAIS compliant ?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

19. If not, please advise what steps are being taken to achieve compliancy:

20. Compliance Officer:

Name: _____ FSP / FSB No: _____
E-mail address: _____
Office number: (____) _____ Fax number: (____) _____
Physical Address: _____

Postal Address: _____

21. Do you have any outstanding Ombudsman matters:

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

If YES, please state details of complaint:

22. Provide details of business engaged with other insurers:

NAME OF INSURER	APROX PREMIUM	DURATION

23. Natsure (Pty) Ltd, an authorised Agent of Guardrisk Insurance Company Limited, offers the following products. Please indicate the amount of business you would introduce in year 1:

Aviation	
Caravans / Motorhomes	
Construction Guarantees	
Cyber Liabilities	
Engineering	
Goods in Transit	
Properties	
Personal Accident	

24. Has any insurer cancelled an agency with your firm ?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

If YES, please provide full detail:

25. Payment of commission is effected by EFT directly into your bank account. Kindly provide details:

Bank _____

Branch _____

Branch Code _____

Account No _____

Type of A/C _____

26. Application for UMA (please tick):

<input type="checkbox"/>	C&G	
<input type="checkbox"/>	Cygeist	
<input type="checkbox"/>	Universal Acceptances	
<input type="checkbox"/>	XL Transit	

27. Treating Customers Fairly (TCF) Declaration:

I / We hereby declare that I / We understand that the below statements and will apply these in my / our daily business practices:

- a) I / We will have a process in place to ensure that relevant and adequate product information is provided to customers, whether by own staff/representatives or by others, at an appropriate time to enable them to make an informed decision as to whether to enter into the relevant contract.
- b) I / We will conduct an appropriate level of due diligence to satisfy myself / ourselves that the advice processes and service levels are likely to meet customers' reasonable expectations, before contracting with any client to market Natsure products.
- c) I / We will satisfy myself / ourselves that the representatives who provide advice products are adequately trained on the specific products concerned to enable them to provide suitable advice on those products.
- d) I / We will have controls in place to prevent representatives from providing advice on products where they do not have adequate product training and representatives have reasonable ongoing access to any product information they require in order to provide suitable advice.
- e) I / We will ensure that any of my / our representatives who market our products or services is fully informed of Nature's TCF related values, commitments and expectations and provide them with feedback in relation to any aspects of their advice or service which inhibit the ability to deliver TCF outcomes to customers.
- f) I / We will satisfy myself / ourselves that the Conflict of Interest Management Policy is adequate and effective and has controls in place to identify and address conflicts of interest between myself / ourselves and customers.
- g) I / We will satisfy myself / ourselves that there are clear agreements in place between representatives who provide advice on products that Natsure provide or administer, setting out the respective responsibilities in relation to providing customers with advice, information and service support, which agreements are structured to ensure that customers understand who they should look for in relation to different aspects of the financial products or service provided to them.
- h) I / We will have controls in place to identify and act on cases where third parties provide advice on products which they are not authorised to provide, either because they do not have the necessary contractual arrangements with Natsure or as a result of non-compliance with any applicable FAIS or other legal requirement.

- i) I / We will provide customers with information and reasonable assistance regarding how to seek redress where they have been prejudiced by inappropriate advice or other unfair treatment in relation to products from Natsure or the my / our representative.
- j) I / We will monitor the published decisions of the FAIS Ombud, guidance from the FSB and other relevant information sources in relation to advice practices, to ensure that controls and practices in relation to TCF remain relevant and effective.
- k) I / We will have clear agreements in place regarding the division of responsibilities between the various parties to ensure fair treatment of customers.
- l) I / We will test Natsure's claims and/or disbursement handling process to ensure that it is suitable for the product and target customer group concerned.
- m) I / We will inform customers (not only on request or at claim stage) of how to submit a claim or disbursement request, of Natsure's service standards for claims and disbursement processing and what information I / we will need to process the claim or request.
- n) I / We will have follow-up processes in place to determine customer satisfaction levels after complaints are finalized.
- o) I / We will ensure at all time that the appropriate product is offered to the appropriate Natsure target market, and further supported by the appropriate advice.
- p) I / We agree that the above mentioned requirements do not constitute an exhaustive list and will ensure that appropriate steps are taken to ensure that these requirements meets the approval of the applicable authority and /or legislation as required from time to time.

DECLARATION

I / We declare that all particulars and statements made herein are true and correct and understand that the appointment is subject to the provisions and guarantees as included in Guardrisk Insurance Company Limited's official Intermediary Agreement with terms, conditions and Sanctions which will be entered into and signed on approval of this application.

Furthermore, I / we declare that I / we are prepared to give my / our co-operation regarding the following:

- a) acceptance of Guardrisk Insurance Company Limited Policy;
- b) revision of existing business;
- c) follow up on RD debit orders; and
- d) screening of policies

Signed at _____ on _____

The Broker