

BROKER APPLICATION

1. About the company

NAME IN FULL, INCLUDING CURRENT TRADING NAME

PREVIOUS TRADING NAMES, AGENCIES OR BROKERS WITH WHOM YOU HAVE BEEN ASSOCIATED

ARE YOU A REGISTERED VAT VENDOR? VAT REGISTRATION #

TYPE OF COMPANY

COMPANY REGISTRATION #

2. Where are your offices located?

HEAD OFFICE or MAIN BRANCH

PHYSICAL ADDRESS

POSTAL ADDRESS

TELEPHONE FAX

CONTACT PERSON CELL

EMAIL

BRANCHES

PHYSICAL ADDRESS

TELEPHONE FAX

CONTACT PERSON CELL

EMAIL

3. FSP information

FSP # CATEGORIES #

4. Banking details for payment of commissions

NAME OF ACCOUNT HOLDER				
NAME OF BANK				
NAME OF BRANCH AND CODE				
ACCOUNT #				
TYPE OF ACCOUNT	CHEQUE	SAVINGS	TRANSMISSION	OTHER
IF OTHER, KINDLY PROVIDE FULL DETAILS				

COMMISSION STATEMENTS

NAME OF PERSON TO RECEIVE COMMISSION STATEMENTS	
EMAIL	

5. Compliance officer information

PRACTICE NAME			
CONTACT PERSON			
TELEPHONE		FAX	
PRACTICE NUMBER		CELL	
EMAIL			
PHYSICAL ADDRESS			

6. KEY INDIVIDUALS AND REPRESENTATIVES

NAME & SURNAME	ACTING UNDER SUPERVISION	
	KI / REP	YES / NO

7. Directors, Members and Partners

NAME & SURNAME	ID#	EMAIL

HAS ANY OF THE PERSONS LISTED ABOVE, OR ANY ORGANISATION IN WHICH THEY HAVE HELD A MANAGERIAL POSITION BEEN PLACED IN PROVISIONAL OR FINAL LIQUIDATION OR RECEIVERSHIP, PLACED UNDER PROVISIONAL OR FINAL JUDICIAL MANAGEMENT, PROVISIONALLY OR FINALLY SEQUESTERED OR ENTERED INTO ARRANGEMENTS WITH CREDITORS OR ARE ANY SUCH MATTERS STILL PENDING? IF YES, PLEASE PROVIDE FULL DETAILS

HAS ANY OF THESE PERSONS BEEN CONVICTED OF ANY CRIMINAL OFFENCE DURING THE PAST TEN YEARS OR IS THERE ANY CIVIL OR CRIMINAL LITIGATION PENDING AGAINST THEM? IF YES, PLEASE PROVIDE FULL DETAILS.

HAS ANY OF THESE PERSONS EVER HAD ANY AGENCY OR AN AGENCY DECLINED, TERMINATIONS OR GRANTED ON SPECIAL TERMS? IF YES, PLEASE PROVIDE FULL DETAILS.

8. Facility or contract information

LIST DETAILS OF THE INSURERS AND/OR UNDERWRITING AGENCIES WITH WHOM YOUR BUSINESS IS PLACED:

COMPANY NAME	
Arrow Underwriting Managers (Pty) Ltd, Reg No: 2014/134814/07, FSI	
Tel No: JHB: 010 601 6100 DBN: 010 601 6111. Fax No: 086 547 2226	YEAR TO DATE LOSS RATIO

Address: The Oval, Second Floor, West Wing, Wanderers Office Park, 52 Corlett Dr, Illovo, Johannesburg, 2196

1.

MONTHLY PREMIUM

2.

COMPANY NAME	
MONTHLY PREMIUM	YEAR TO DATE LOSS RATIO

3.

COMPANY NAME	
MONTHLY PREMIUM	YEAR TO DATE LOSS RATIO

4.

COMPANY NAME	
MONTHLY PREMIUM	YEAR TO DATE LOSS RATIO

5.

COMPANY NAME	
MONTHLY PREMIUM	YEAR TO DATE LOSS RATIO

APPLICATION COMPLETED BY

NAME	
POSITION	
EMAIL ADDRESS	

9. Your declaration

In signing this application, I hereby declare that all particulars and answers in this Broker Application and appendices are true and complete in every respect and that no material fact has been suppressed or withheld. I further declare that if such statements and particulars are in the writing of any person other than myself, such person shall be deemed to have had permission for the purpose of this Broker Application and I agree that together, this declaration, application form and the details provided shall form the basis of the contract between us and Arrow Underwriting Managers (Pty) Ltd.

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PRINCIPAL SIGNATURE

DATE

IN ORDER TO ASSIST IN EXPEDITING THE PROCESSING OF THIS APPLICATION, PLEASE SUPPLY AND ATTACH THE FOLLOWING:

- FULL FSP CERTIFICATE
- VAT REGISTRATION CERTIFICATE
- PI POLICY AND FG POLICY
- PROOF OF BANKING DETAILS, IE CANCELLED CHEQUE/BANK STATEMENT/LETTER OF CONFIRMATION FROM THE BANK
- COPY OF IGF (IF APPLICATION)