

Intermediary Application Form

COMPANY DETAIL

1	Name of Applicant		
2	Type of Company	<input type="checkbox"/> Private Company	<input type="checkbox"/> Close Corporation
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Trader
3	Company Registration Number		
4	Vat Registered	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Vat Registration Number		
6	Income Tax Number		
	<p>I have considered the status of the Brokerage and confirm that it does not comprise a personal service provider as defined in the Income Tax Act 58 of 1962 for the current year of assessment.</p> <p>I specifically confirm one or both of the following:</p> <ul style="list-style-type: none"> - not more than 80 percent of the income of the Brokerage during the current year of assessment, derived from services rendered, consisted of (or is likely to consist of) amounts received directly or indirectly from any one financial institution (client), or any associated institution as defined in the Seventh Schedule to the Income Tax Act, in relation to that client; or - the Brokerage has and will, throughout the current year of assessment, employ at least three full time employees who are engaged in the business of the Brokerage and who are not shareholders, members or trust beneficiaries of the Brokerage or relatives of such excluded employees. - Should this status change, I undertake to notify Mirabilis immediately <p style="text-align: right;">Signature _____</p>		
7	Date of Incorporation		
8	Trading Name		
9	Trading Address		
	City	Code	
10	Registered Address <i>(If different from above)</i>		
	City	Code	
11	Postal Address		
	City	Code	
12	Number of Year at physical address		
13	Telephone Number/s		
	Fax Number		
	Cellular Telephone Number		
	Email Address		
	Company Website		
14	Nature of Business		
15	Associated to any other Company		
16	Traded under another name in the last 10 years, please provide detail		

COMPANY DETAIL

18	Please list the details of Owners / Directors / Members / Partners			
	Name & Surname	Details of Professional Qualifications held	Number of Years in the Industry	Accreditation
19	Has any Owner / Director / Member / Partner: <i>(if yes, please provide a written statement containing full details and dates to accompany this declaration)</i>			Tick as Appropriate
	a) effected a compromise with creditors?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) had an insurance agency cancelled?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	c) been declared insolvent or in the case of the company been placed under judicial management or provisional liquidation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, please provide the detail			
20	Primary Contact		Position	
	Telephone Number		Email Address	
21	Detail of Registered Key Individuals		Name & Surname	
22	Detail of non-registered representative providing advise		Name & Surname	
23	Professional Indemnity Insurance			
	Underwriter			
	Limit of Indemnity			
	Policy Number			
	Expiry Date			
	If not insured, state reason			

COMPANY DETAIL

24	FSP Number			
	Date of Registration			
	Restrictions on License			
25	Fidelity Guarantee Insurance			
	Policy Number			
	Limit of Indemnity			
	Date Issued			
26	Existing Agency Agreements	Company	Premium Income	Date
27	Type and volume of business to be placed			
28	Business Associates Reference	Company	Name	Contact Number

BUSINESS BANKING INFORMATION

5.1	Account name			
5.2	Bank name			
5.3	Branch			
5.4	Branch Code			
5.5	Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Cheque <input type="checkbox"/> Other		

DOCUMENTATION REQUIRED

6.1	Please ensure that hand written information on the Intermediary Application form is legible and that the first and last pages are signed	<input type="checkbox"/>
6.2	Completed and signed Intermediary Agreement (each page is to be initialed by relevant parties, kindly completed pages 1, 5, 16, 17 and 18)	<input type="checkbox"/>
6.3	Copy of IGF Certificate (required if registered as an IGF broker)	<input type="checkbox"/>
6.4	Copy of SARS document which confirms VAT registration (required if VAT registered)	<input type="checkbox"/>
6.5	Copy of Professional Indemnity policy schedule	<input type="checkbox"/>
6.6	Copy of FSP Certificate	<input type="checkbox"/>
6.7	Confirmation of Banking Details (Letter from the Bank)	<input type="checkbox"/>
6.8	Copy of company documents (CM1 – Certificate of Incorporation / CK1 – Founding Statement)	<input type="checkbox"/>

DECLARATION

I/We acknowledge that the Applicant, its key individuals and representatives have adequate, appropriate and relevant skills, knowledge and expertise in respect of the financial services, financial products and functions that it/ they performs. I/We confirm that the FSP has met its responsibilities in terms of the Determination of Fit and Proper Requirements for Financial Services Providers 2017 as contained in Board Notice 194 of 2017. More specifically I/we confirm that the FSP has evaluated and reviewed at regular and appropriate time intervals that its key individuals and representatives remain competent for the activities they are performing and that the training and continuous professional development they receive is appropriate and meaningful. I/We consent to Mirabilis requesting a copy of our Competence Register from time to time.

The above information is true and correct and, if this application is accepted, will form part of the agreement to be concluded with the underwriting managers. I/We acknowledge that Mirabilis will rely on the above information for purposes of its compliance with the Income Tax act no.58 of 1962 (as amended) and therefore agree to inform Mirabilis immediately should any of the information furnished above change.

SIGNATURES

Signed for and on behalf of the applicant	
Signature	
Name and Title	
Date	