

Intermediary Application Form

MIRABILIS ENGINEERING UNDERWRITING MANAGERS (PTY) LTD

MIRABILIS IS AN AUTHORISED FINANCIAL SERVICES PROVIDER: 28190

PHYSICAL ADDRESS: THE PAVILION BUILDING, WANDERERS OFFICE PARK
52 CORLETT DRIVE, ILLOVO, 2196
TEL NO: 0861 100 100 / +27 11 880 8200
REGISTRATION NO: 2006/018854/07

POSTAL ADDRESS: PO BOX 2081, SAXONWOLD, 2132
FAX NO: +27 11 880 6857
VAT NO: 4130230354

DIRECTORS: CB MEYER (CHIEF EXECUTIVE), SA GRAHAM (EXECUTIVE), QM MATTHEW (NON-EXECUTIVE), JDV MELVILLE (NON-EXECUTIVE), HD NEL (NON-EXECUTIVE)

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	

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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			

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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			

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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

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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"/>

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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	

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