

INTERMEDIARY APPLICATION FORM

COMPANY DETAIL

1.1	Do you have an existing agency agreement with Santam Limited?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If you have an existing Agency with Santam, please provide us with a copy of your agreement for our records	<input type="checkbox"/> Yes	
1.2	Full Name of Intermediary		
1.3	Type of Company	<input type="checkbox"/> Private Company	<input type="checkbox"/> Close Corporation
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Trader
1.4	Company Registration Number		
1.5	Vat Registered	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.6	Vat Registration Number		
1.7	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>		
1.8	Date of Incorporation		
1.9	Trading Name		

1.10	Trading Address			
	City		Code	
1.11	Registered Address <i>(If different from above)</i>			
	City		Code	
1.12	Postal Address			

COMPANY DETAIL

	City		Code	
1.13	Number of Years at physical address			
1.14	Telephone Number/s			
	Fax Number			
	Cellular Telephone Number			
	Email Address			
	Company Website			
1.15	Nature of Business			
1.16	Associated to any other Company			
1.17	Traded under another name in the last 10 years, please provide detail			

COMPANY DETAIL

1.18	Please list the details of Owners / Directors / Members / Partners			
	Name & Surname	Details of Professional Qualifications held	Number of Years in the Industry	Accreditation
1.19	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)	Effectuated 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		
1.20	Primary Contact		Position
	Telephone Number		Email Address
1.21	Detail of Registered Key Individuals		Name & Surname
1.22	Detail of non-registered representative providing advice		Name & Surname
1.23	Professional Indemnity Insurance		
	Underwriter		
	Limit of Indemnity		
	Policy Number		
	Expiry Date		
	If not insured, state reason		

COMPANY DETAIL

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1.24	FSP Number			
	Date of Registration			
	Restrictions on License			
1.25	Fidelity Guarantee Insurance			
	Policy Number			
	Limit of Indemnity			
	Date Issued			
1.26	Existing Agency Agreements	Company	Premium Income	Date
1.27	Type and volume of business to be placed			
1.28	Business Associates Reference	Company	Name	Contact Number

	Does Santam Ltd have any shareholding interest in your Brokerage? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide details	
BROKER FEES		
2.1	DO YOU REQUIRE MIRABILIS TO FACILITATE THE COLLECTION OF AN ADDITIONAL FEE FROM THE INSURED? YES / NO	
2.2	IF YES, PLEASE CONFIRM THE FOLLOWING:	
2.2.1	The amount and purpose of the fee is agreed to by each client in writing	<input type="checkbox"/> Yes
2.2.2	The fees relate to additional services being rendered by you, which services do not amount to an intermediary service or any other service for which you already receive remuneration from Mirabilis/Santam.	<input type="checkbox"/> Yes

BUSINESS BANKING INFORMATION		
3.1	Account name	
3.2	Bank name	
3.3	Branch	
3.4	Branch Code	
3.5	Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Cheque <input type="checkbox"/> Other

MARKET CONDUCT (TCF)

4.1	Are you aware of TCF and committed to the Six Fairness Outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2	Have your staff (if applicable) received training on the principles of TCF?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3	Are you committed to measuring and monitoring the Fair Treatment of Customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4	Please confirm that you will ensure that the Mirabilis product meets the identified needs of the customer and that you will raise any concerns in this regard.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.5	Please confirm that all marketing and customer communication designed and distributed by you will be designed for the intended target market and will be easy to understand.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.6	Are you able to provide proof of your effective record keeping of the advice provided to customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.7	Will you immediately notify Mirabilis should your FSP license be revoked or suspended for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.8	Do any of your staff require product specific training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.9	You will fairly represent the product features and limitations in respect of all Mirabilis products being offered.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If you answered No to any of the above questions 4.1 to 4.8, please comment below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Please note that in order to comply with the principles of TCF, you will have to adhere to the following:</p> <ul style="list-style-type: none"> • Ensure that customers have reasonable access to you at all times. • Record all complaints against you according to a formalized complaints handling/management process. • Respond to all complaints received timeously and record evidence of the complaint handling process, as well as the resolution of the complaint. • Advise Mirabilis/Santam of any key themes which arise from your dealings with customers which indicate the need for possible changes to products or service solutions. 		

POPI CONSENT

Attached to this Application form is Mirabilis' POPI Disclosure notice. By signature of this application form you undertake and confirm that you have read, understood and agreed the contents thereof, and that you consent to the processing, use, sharing and storage of your personal information by Mirabilis and /or Santam. Furthermore, you undertake and confirm that any information of current/prospective policyholders provided to us/Santam is done with the Policyholder's voluntary, specific and informed consent.

DOCUMENTATION REQUIRED

5.1	Please ensure that handwritten information on the Intermediary Application form is legible and that the first and last pages are signed	<input type="checkbox"/>
5.2	Completed and signed Intermediary Agreement	<input type="checkbox"/>
5.3	Copy of any Guarantee (required if registered as a credit intermediary)	<input type="checkbox"/>
5.4	Copy of SARS document which confirms VAT registration (required if VAT registered)	<input type="checkbox"/>
5.5	TAX Certificate	<input type="checkbox"/>
5.6	Copy of Professional Indemnity policy schedule	<input type="checkbox"/>
5.7	Copy of FSP Certificate	<input type="checkbox"/>
5.8	Confirmation of Banking Details (Banks statement or letter from the bank that is not older than 3 months , Cancelled cheque is acceptable)	<input type="checkbox"/>
5.9	Copy of Director's ID (Only 1 director required to provide ID)	<input type="checkbox"/>
5.10	Copy of company documents (CM1 – Certificate of Incorporation / CK1 – Founding Statement)	<input type="checkbox"/>

PREMIUM COLLECTION

6	If you intend collecting premium on behalf of Mirabilis/Santam, you hereby confirm that you	<input type="checkbox"/> Yes
6.1	Have opened and maintain a separate bank account into which premiums will be received.	<input type="checkbox"/> Yes
6.2	This bank account will only contain funds collected from policyholders.	<input type="checkbox"/> Yes
6.3	Will, within a period of 15 days after the end of every month, pay to Santam the total amount of the premiums received during that month.	<input type="checkbox"/> Yes

6.3.1	You will also need to provide us with any guarantee that you may have in place.	
6.4	Do you use a premium collection agency	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.4.1	If Yes, which premium collection agency are you using _____	

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	