

FINANCIAL ADVISOR APPLICATION FORM

Important note: Please refer to page number 4 for all/any information and/or documentation that is required to be submitted along with this completed application form.

Broker Consultants Name

SECTION 1:

(i) Key Individual Details

INDIVIDUAL 1	
Title	<input type="text"/>
First Name(s) <i>(in full)</i>	<input type="text"/>
Surname	<input type="text"/>
ID No.	<input type="text"/>

INDIVIDUAL 2	
Title	<input type="text"/>
First Name(s) <i>(in full)</i>	<input type="text"/>
Surname	<input type="text"/>
ID No.	<input type="text"/>

INDIVIDUAL 3	
Title	<input type="text"/>
First Name(s) <i>(in full)</i>	<input type="text"/>
Surname	<input type="text"/>
ID No.	<input type="text"/>

INDIVIDUAL 4	
Title	<input type="text"/>
First Name(s) <i>(in full)</i>	<input type="text"/>
Surname	<input type="text"/>
ID No.	<input type="text"/>

(ii) Legal Entity Details

Registered Name of Entity

Entity Type (Tick Appropriate Block) Company Partnership Sole Proprietor CC

Please state Company Registration or CK No.

SECTION 8:

Who are the members or shareholders and what is their percentage holding in the company?

Name	<input type="text"/>	Percentage Holding	<input type="text"/>
Name	<input type="text"/>	Percentage Holding	<input type="text"/>
Name	<input type="text"/>	Percentage Holding	<input type="text"/>
Name	<input type="text"/>	Percentage Holding	<input type="text"/>
Name	<input type="text"/>	Percentage Holding	<input type="text"/>
Name	<input type="text"/>	Percentage Holding	<input type="text"/>

SECTION 9:

Have any of the persons listed in 7 been convicted of any criminal offence other than minor motoring offences during the past ten (10) years? YES NO

If YES, please provide details _____

SECTION 10:

Is there any civil or criminal (the latter other than a minor motoring offence) litigation pending against any of the persons listed in 7? YES NO

If YES, please provide details _____

SECTION 11:

Have any of the persons listed in 7, or has any organisation in which they have held a managerial position, been placed in provisional or final liquidation, receivership or been placed under provisional or final judicial management, or been provisionally or finally sequestered or entered into arrangements with creditors or is any such matter pending? YES NO

If YES, please provide details _____

SECTION 12:

Have any of the persons listed in 7 ever had an intermediary agreement or application declined or terminated or g-rated on special terms? YES NO

If YES, please provide details _____

SECTION 13:

Provide the name and branch of three (3) Insurance Companies with whom most of your business is placed.

a) Company Name	<input type="text"/>	Branch	<input type="text"/>
b) Company Name	<input type="text"/>	Branch	<input type="text"/>
c) Company Name	<input type="text"/>	Branch	<input type="text"/>

SECTION 14:

Please provide details as follows:

Are you registered for VAT? YES NO

If YES, provide VAT number

If NO, please provide reason _____

SECTION 15: COMMISSION

Please confirm (by checking a box below) what your preferred method of commission payment is:

Advancable Commission OR As And When Commission

SECTION 16: DETAILS OF COMPLIANCE OFFICER

Surname																									
First Name(s)(in full)																					Title				
Physical Address																									
																					Code	C	O	D	E
Postal Address																									
																					Code	C	O	D	E
Telephone No.	Home No.	(	C	O	D	E	)					Work No.	(	C	O	D	E)							
	Fax No.	(	C	O	D	E	)					Mobile No.												
Email Address																									
FSB License No.																									

I wish to be appointed as a Resolution Life Intermediary, subject to the Life company's usual terms and conditions.
I further warrant that the information herein contained is true and correct to the best of my knowledge.

Signature																					Date	D	D	M	M	Y	Y	Y	Y
Capacity																													

REQUIREMENTS

In terms of the Financial Intelligence Centre Act 38 of 2001, the following documents are to be attached by the duly authorised representative of the Brokerage:

A. A Resolution Life application form completed in full and signed by the Board / Members / partners, authorising the representative of the Brokerage to sign on behalf of the Brokerage;	COMPULSORY	
B. Original certified copies of ID documents for ALL Directors/Members/Agents and Representatives; (as listed in section 7)	COMPULSORY	
C. Original certified copies of proof of residential addresses for Members/Directors, Agents and Representatives; (Documentation not to be older than 3 months old)	COMPULSORY	
D. Copies of all documentation applicable to CC / Company / Partnership; (Attach a copy of Incorporation Documents – if none is attached please supply reason - CM22 & CM29 & CK2 & CN46/ Trust documents where applicable)	COMPULSORY	
E. Original certified copy of VAT Registration Certificate;	COMPULSORY (if applicable)	
F. Natural person should attach a copy of any SARS document reflecting the name and income tax reference number;	COMPULSORY	
G. Copy of Brokerage's Bank Statement/Cancelled Cheque; (No older than 3 months. All broker commission will be deposited into this account)	COMPULSORY	
H. Proof of Brokerage's physical address (Documentation not to be older than 3 months old) (Copy of Water & Electricity Account/Rental agreement etc.);	COMPULSORY	
I. Original or certified copy of a resolution approving the authorised signatory please?	COMPULSORY	

Signature of Distribution Representative																					Date	D	D	M	M	Y	Y	Y	Y
Name of Distribution Representative																													