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GENRIC
Insurance

GENRIC Insurance Company Limited

Reg. no 2005/037828/06

www.genric.co.za

Agency Application

Agency Code

FSP Licence #

IMPORTANT INFORMATION

1. Required Documentation

Please note that in order to expedite your application the following documentation is required in addition to this application form:

- Copy of the FSP Licence
- Copy of certificate of Incorporation of the Company or CC
- Copy of the Professional Indemnity Schedule
- Copy of the Intermediary Guarantee Facility (IGF), if applicable
- Certified copy of an Identity Document
- Copy of a cancelled cheque or confirmation letter from the bank
- Copy of VAT registration Document (if applicable)
- Resolution indicating authorised signatory/ies of the applicant (if applicable)

2. Confidentiality

All information provided in this document will be treated in the strictest confidence

1. BUSINESS DETAILS

Name in full, including trading title, if any

Type of business (tick as appropriate)

Limited Liability Company (please state registration no)

Partnership

Sole Proprietor

Close Corporation (please state C.K. no)

Other

Insurance • Intelligence • Integrity

GENRIC Insurance Company Ltd. NO.: 2005/037828/06 • VAT NO.: 4190226169 • FSP NO.: 43638

Directors & Officers: MCS Du Toit (CEO), E Lehmann (Executive Director)

Non-executive Directors: LD Kikomba, HP Kekana, N de Villiers, RK Hasert

Company Secretary: W Strydom CA (SA)

7. OFFENCES & LITIGATION

7.1. Have any of the persons listed in 6 been convicted of any criminal offence other than minor motoring offences during the past ten years YES NO

If YES, please give details

7.2. Is there any civil or criminal (the latter other than a minor motoring offence) litigation pending against any of the persons listed in 6 YES NO

If YES, please give details

7.3. Have any of the persons listed in 6 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 such a matter pending? YES NO

If YES, please give details

8. INSURANCE COMPANIES

Give below the names and branch address of the three insurance companies with whom most of your business is placed

Company	Branch	Premium volume

9. BUSINESS STRUCTURES & PLANS

Please give the following details of the structure of your short-term insurance portfolio as follows

	Annualised Monthly	Annual
Class of business	R	R
	R	R
	R	R
	R	R

B. Please indicate business plan if requested upon application

C. Please provide an indication as to the amount and class of business you propose to place with us.

On appointment or within 3 months

Class of Business	R	R
	R	R
	R	R
Total	R	R

After 12 months

Class of Business	R	R
	R	R
	R	R
Total	R	R

10. TYPE OF AGENCY REQUESTED

Please indicate by deleting and initialling the deletion

10.1. **CASH AGENT** not authorised to receive any money in respect of premiums

10.1.1. if a cash agent, please indicate by deleting either (i) or (ii) and initialling the deletion, whether all documentation must be sent

(i) via yourself

(ii) direct to the Policyholder

10.2. **CREDIT AGENT** collecting in terms of Section 45 of the Short-Term Insurance Act (Act No 53 of 98)

10.2.1. Please indicate your financial year end

I.G.F Limit

I.G.F Number

Attach copy of the RV6, or equivalent, to this application

11. CONTACT DETAILS

	Name	Tel no (incl code)	Fax no (incl code)	Email address
Accounts				
Claims				
Marketing/New Business				
Underwriting				

12. AUTHORISATION

- I understand that Genric Insurance Company Limited may approve or reject this application in its sole discretion. If this application is successful, Genric Insurance Company Limited's standard agreement relating to business of this nature ("the agreement") will govern the relationship between the parties. I agree that any other terms and conditions on which the applicant may wish to rely are excluded;
- Without limiting the agreement, I warrant that the applicant will at all times comply with all laws and regulations – in particular (but without limitation), those applicable to insurance business;
- I warrant that all of the information contained in this application document is true and correct. I agree it will be a material breach of the agreement if Genric Insurance Company Limited approves this application and any of the information supplied by the applicant is incorrect;
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- I undertake to immediately advise Genric Insurance Company Limited of any change to my status that will impact the application or my FSB licensing status. Failure to comply with this requirement will constitute a material breach of this agreement, and I hereby indemnify Genric Insurance Company Limited against any damage or losses that it may suffer as a result.
- I acknowledge that Genric Insurance Company Limited will assess this application and the ongoing conduct of the applicant and its representatives by verifying and sharing private information (which includes personal details, credit history, claims information, employment references and any other relevant information) with other insurance companies or their agents, legitimate sources and databases. I consent to Genric Insurance Company Limited accessing or disclosing any private information about me or the applicant. I agree that Genric Insurance Company Limited may access or disclose private information about any representatives of the applicant (including, without limitation, past, current, and future employees, partners, members, officers, directors and/or trustees) and I warrant that I have been given or will acquire consent from each of those representatives consenting to Genric Insurance Company Limited accessing or disclosing their private information;

<ul style="list-style-type: none"> I warrant that I am duly authorised to sign this application on behalf of the applicant. 	
Signature:	For and behalf of:
(name of applicant)	
Full name:	Designation:
Identity number:	Date:

FOR OFFICE USE ONLY	
Accreditation confirmation sent to agency	YES <input type="checkbox"/> NO <input type="checkbox"/>
Mandate to collect premiums sent (if applicable)	YES <input type="checkbox"/> NO <input type="checkbox"/>
For signature	
Key Individual:	
Date:	