



## Intermediary Application Form

I/We ..... hereby apply for approval as an intermediary for Infiniti Insurance Limited (herein after referred to as Infiniti).

This application is aimed at being able to provide advice and perform intermediary services relating to the following classes of business ....., whether the business is placed directly with Infiniti or through an Underwriting Manager who has a binder agreement with Infiniti.

***This application cannot be processed if all fields and pages are not completed and relevant supporting documentation MUST be submitted.***

### Intermediary Information

|   |  |      |  |
|---|--|------|--|
| Name in full including current trading name   |  |      |  |
| Previous trading names agencies or intermediaries with whom you have been associated with |  |      |  |
| Date business was established or incorporated   |  |      |  |
| Postal Address  |  | Code |  |
| Physical Address  |  | Code |  |
| Telephone Number  |  |      |  |
| Dedicated e-mail address  |  |      |  |
| Website address   |  |      |  |
| E-mail address for person responsible for updating intermediary details/agreement         |  |      |  |
| Tax Status: Income Tax number   |  |      |  |
| VAT Number (copy of latest VAT Clearance Certificate)                                     |  |      |  |

### FAIS license details (Copy of FAIS License & Annexure must be attached)

|  |  |
|--|--|
| FSP License Number   |  |
| Date license obtained  |  |
| What categories of business are you licensed for?  |  |
| Do you have any restrictions placed on your license?                                     |  |
| How many KI's and Representatives do you have registered under your license?             |  |
| Are any of the representatives, Juristic Representatives? (If so, please provide detail) |  |
| Are any representatives under supervision? (If so, please provide detail)                |  |
| Name of Compliance Officer   |  |
| Email Address of Compliance Officer  |  |

**Professional Indemnity Cover** (Proof must be attached)

|                           |  |
|---------------------------|--|
| Underwriter               |  |
| Policy Number             |  |
| Limit of Indemnity        |  |
| Period of Cover           |  |
| Expiry date/ Renewal date |  |

**Type of Business:** (Tick the applicable)

|                           |  |                     |  |
|---------------------------|--|---------------------|--|
| Limited Liability Company |  | Registration Number |  |
| Close Corporation         |  | Registration Number |  |
| Sole Proprietor           |  | Identity Number     |  |
| Partnership               |  | Partner names       |  |
| Other                     |  | Describe            |  |

**Banking Details:**

|                    |  |                      |  |
|--------------------|--|----------------------|--|
| Bank / Institution |  | Branch Name          |  |
| Type of Account    |  | Branch code          |  |
| Account Number     |  | Account Holders Name |  |

Proof of bank details to be submitted

|  |  |
|--|--|
| E-mail address for submission of all commission statements |  |
| E-mail address to send notifications of unpaid premiums    |  |

**Current Arrangements:**

List the names of any Insurance company and / or Underwriting Managers with whom you are authorised to place business with.

|   |  |   |  |
|---|--|---|--|
| 1 |  | 5 |  |
| 2 |  | 6 |  |
| 3 |  | 7 |  |
| 4 |  | 8 |  |

Please list all Owners (all fields are compulsory to complete)

|                       |         |                         |
|-----------------------|---------|-------------------------|
|                       | Owner 1 | Owner 2 (if applicable) |
| Surname               |         |                         |
| Full Names            |         |                         |
| Title                 |         |                         |
| Identity Number       |         |                         |
| Designation           |         |                         |
| Employment Start Date |         |                         |
| FSCA KI / Rep / Both  |         |                         |
| Mobile Number         |         |                         |
| E-mail address        |         |                         |

Please list all Directors / Members and Key Individual/s (all fields are compulsory to complete)

|                       |                     |                     |
|-----------------------|---------------------|---------------------|
|                       | Director / Member 1 | Director / Member 2 |
| Surname               |                     |                     |
| Full Names            |                     |                     |
| Title                 |                     |                     |
| Identity Number       |                     |                     |
| Designation           |                     |                     |
| Employment Start Date |                     |                     |
| FSCA KI / Rep / Both  |                     |                     |
| Mobile Number         |                     |                     |
| E-mail address        |                     |                     |

Please list all Representatives that will deal with the business placed with Tri-Marine Acceptances (Pty) Ltd/ Infiniti (all fields are compulsory to complete – *you may submit a separate Representative list containing the details indicated in the table below*)

|                           | Representative 1 | Representative 2 |
|---------------------------|------------------|------------------|
| Surname                   |                  |                  |
| Full Names                |                  |                  |
| Title                     |                  |                  |
| Identity Number           |                  |                  |
| Designation               |                  |                  |
| Employment Start Date     |                  |                  |
| FSCA KI / Rep / Both      |                  |                  |
| Is Rep under Supervision? |                  |                  |
| Mobile Number             |                  |                  |
| E-mail address            |                  |                  |

**Credit History:**

Have any of the persons listed above, ever been declared insolvent, placed in liquidation whether provisional or final or reached a compromise with creditors? If yes, give details / explanation:

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.....

.....

**Do any of these persons have any defaults and/or judgements against them?**

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.....

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**Criminal Records:**

Have any of the persons listed above, had any pending or criminal convictions or paid an admission of guilt fine other than speeding or parking offences? If yes, please provide full details:

.....

.....

.....

.....

**Other Material Facts:**

Is there any material fact that is likely to influence the assessment of this application which will affect the decision made by Tri-Marine Acceptances (Pty) Ltd underwritten by Infiniti Insurance Limited (INFINITI) with regard to whether we do business with you or not.

If you are in any doubt as to whether a fact would be considered material, you should declare/explain it in order for us to make an informed decision. Where necessary or possible, provide proof to substantiate your explanation/declaration. All the information that we request in this application is material. Please give details:

.....  
.....  
.....

Has the company or any of the Partners/Members/Directors had any insurance intermediary agreement cancelled? If so, give details:

.....  
.....  
.....

### **Supporting Documentation/ Information**

Please note any relevant information or attach any document to support this application:

.....  
.....  
.....

### **Conflict of Interest**

Please attach the "Conflict of Interest" document to support this application.

### **Commitment to the following principles**

This Intermediary Agreement application is being entered into on the clear understanding of the following principles, which are of critical importance:

- Parties to conduct their affairs in accordance with all prevailing legislation, but over and above that, undertake to maintain high standards of honesty, integrity and transparency in their dealings with each other.

The parties agree to:

- maintain good administration and accounting standards and recognise that inefficiency in these areas ultimately result in problems for the business and the mutual relationship.
- work together for the mutual benefit of all concerned, whilst never compromising fair dealing, honesty and speedy service to the policyholder.
- advise of any conflicts as and when it happens.

In the event of these principles being breached, either party has the right to give notice to the other cancelling the agreement with immediate effect.

You acknowledge that the sharing of information (including credit information) relating to intermediaries by Insurers is essential to enable the Insurance Industry to manage the business and to reduce the incidence of fraud, in the public interest. On behalf of yourself and on behalf of any person you represent herein, you hereby waive any right to privacy of any information provided by you or on your behalf in respect of the application to become an intermediary and you consent to such information being disclosed to any other insurance company or its agent.

You also acknowledge that the information provided by you may be verified against other legitimate sources or databases. You also waive any rights of privacy and consent to the disclosure of any information relevant to this application concerning yourself.

I/We hereby apply for appointment as an Intermediary in terms of the Independent Intermediaries Agreement and undertake to be bound by the terms and conditions thereof. I/We confirm that all of the information contained herein is true and correct and undertake to advise of any material changes that may in the future occur.

I hereby authorise Tri-Marine Acceptances (Pty) Ltd underwritten by Infiniti Insurance Limited to send relevant or important information directly to Policyholders when required to do so.

Application completed by

.....

(Name & Surname in block letters)

.....

Signed

.....

Date

.....

Capacity

**Important Notice:**

INFINITI will not accept responsibility for cover until written confirmation has been issued by Tri-Marine Acceptances (Pty) Ltd of acceptance of this application. A formal Intermediary agreement will be entered into between INFINITI and yourselves, upon successful application and verification.

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**List of supporting documentation required:**

| Supporting documentation   | Attached (Y/N) |
|--|----------------|
| Copy of Company registration certificate   |                |
| Copy of FAIS FSP licence and annexures (including indication of authorised categories)                           |                |
| Copy of VAT registration/clearance certificate   |                |
| Confirmation of banking details for payment of commission  |                |
| Copy of KI & Representative register (indicate any Reps under supervision)                                       |                |
| Copy of KI & Representative competence register (indicate product training & CPD hours within current CPD cycle) |                |
| Copy of policy schedule or proof of Professional Indemnity cover for FSP   |                |
| Copy of policy schedule or proof of Fidelity cover (where applicable)  |                |
| If collecting premium – copy of the Collection agent's SLA   |                |
| Proof of guarantee or similar security if doing own premium collections  |                |
| Copy of TCF policy for the FSP   |                |
| Copy of Conflict of Interest Management Policy for FSP   |                |