

Contact Details
Tel: 082 601 8288
Fax: 086 498 1683
FSP 47088
www.certainure.co.za



Physical Address
2 Carlisle Close
West Beach
Cape Town
7441

1. Name in full, including current trading title, if any:	
Previous trading names or agencies with whom you have been associated:	
Type of Business – Tick as appropriate	
<input type="checkbox"/> Limit liability company	Registration number:
<input type="checkbox"/> Closed Corporation	CC number:
<input type="checkbox"/> Partnership	
<input type="checkbox"/> Sole Proprietor	
<input type="checkbox"/> Other – please provide detail	
If VAT registered, please provide your VAT no:	

2. Address from which business is conducted:		
	Postal code:	
Tel no:		
Cell no:		
Email:		
Postal address:		

3. Profession or occupation of directors/partners – If more than one, please give full detail

4. Date business was established/incorporated:	Date of inception of present management:

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5. Banking Details:	
Bank:	
Account no:	
Account type:	
Branch code:	
Name of account holder:	

6. Is the applicant, any of its directors, members, partners or management a registered member of any insurance related professional body or association in South Africa?			
Name	Industry	Membership no	Membership period

7. Total number of staff employed in your business (including directors/members etc.)

8. Please give the following details with regards to Directors, Members, Principles and Management:			
Full name	Capacity	ID number	Qualification

9. Have any persons listed in 8, or has any organization 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 been the subject of any statutory or regulatory investigation or inquiry, or been blacklisted by any insurance or related industry association or are any such matters still pending:
<input type="checkbox"/> Yes – please provide detail:
<input type="checkbox"/> No

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10. Have any of the persons above been convicted of any criminal offence other than minor motoring offence during the past 10 years?

Yes – please provide detail:

No

11. Is there any civil or criminal litigation or other statutory or regulatory investigation or inquiry pending against any of the persons mentioned in 8 or against the applicant?

Yes – please provide detail:

No

12. Have any persons listed in 8 ever had any insurance related agency application declined, terminated or granted on special or conditional terms?

Yes – please provide detail:

No

13. Below, give the name and contact details of the three Insurance Companies with whom you place business:

Company	Contact person	Contact details:

14. Please give details of your PI Cover:

Insurer:

Limit of indemnity:

Policy number:

Expiry date:

15. Please give details of your I.G.F Cover if applicable:

Insurer:

Limit of cover:

Policy number:

Expiry date:

16. Please give details of your FSP License:

Name of business:

FSP no:

Key Individual/s:

17. What types of business are you licensed for?

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I/We accept that this application is subject to a credit and criminal record check, and that such data is confidential and will not be disseminated or distributed in any way unless required by law.

We further warrant that the information herein contained is true and correct and that I am duly authorized to sign this application form.

PLEASE ATTACH

- Identity Document
- Copy of FSP License and annexure
- Copy of Professional Indemnity policy
- VAT Certificate
- Income Tax number
- Company Registration
- Company logo in jpeg format

Signature of applicant: _____

Date: _____

Designation: _____