

NEW AGENCY APPLICATION

COMPANY DETAILS					
Company Name in full:					
Trading name if applicable:					
Type of business – tick as appropriate:					
Limited Liability Company	<input type="checkbox"/>	Trust	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
Closed Corporation	<input type="checkbox"/>	Sole Proprietor	<input type="checkbox"/>	Private Company	<input type="checkbox"/>
FSP License No.					
Business Registration Number:					
Date Business Established:	<input type="text"/>	Date of inception of present Management:	<input type="text"/>		
Please list the names, I.D. numbers and occupations of all directors / members					
1.					
2.					
3.					
Please list the names and I.D. numbers of all shareholders					
1.					
2.					
3.					

BUSINESS ESTIMATES	Please indicate the amount of business you envisage writing with Navigate:		
Premium Amount	<input type="text"/>	Target Date:	<input type="text"/>

TAX DETAILS			
VAT Registration No.	<input type="text"/>	Income Tax Registration Number:	<input type="text"/>
Personal Service Provider (More than 80% income from one source and/or less than 3 non-related employees)	<input type="checkbox"/>	YES	<input type="checkbox"/>
		NO	

FAIS				
Do your Key Individuals meet FAIS Fit and Proper requirements?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does your organization meet FAIS Operational requirements?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does your organization comply with the FAIS Financial soundness requirements?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Limit of Professional Indemnity Cover: (Please attach copy)	
List of Authorised Representatives who will be providing advice through the products offered:	
Full Name:	

GENERAL		
Have any of these persons ever had any agency or an agency application declined, terminated or granted on special terms?	YES	NO
Have you/any Key Individual or director:		
Been declared insolvent, liquidated or sequestrated?	YES	NO
Been found guilty of any criminal or civil offence?	YES	NO

CONTACT DETAILS					
Physical address from which business is conducted:					
Tel. no.		Cell. No.		Fax no.	
E-mail address					
Web site address					
Postal address					

CORRESPONDENCE SECTION	
Underwriting email address:	
Claims email address:	
Commission Statement email address:	

BANKING DETAILS			
Name of bank		Account Type:	
Account holder			
Account number			
Branch code			

I/we, warrant the information provided is true and correct and that Navigate Underwriting Managers / Mutual and Federal Risk Financing may perform a credit check on the applicant and the directors/members.

This application is signed at: _____

Signature: _____

Capacity: _____

Name: _____

Date: _____

Company Stamp:

Herewith a checklist of all the supporting documents we would require to process your application:	
Proof of Income Tax Number	<input type="checkbox"/>
Proof of VAT Number if applicable	<input type="checkbox"/>
Copy of Financial Services Provider License Certificate	<input type="checkbox"/>
Copy of Professional Indemnity Certificate of Insurance	<input type="checkbox"/>
Copy of IGF, if intermediary will be collecting premiums or alternatively details of collection agency	<input type="checkbox"/>
If collecting premiums via collection agency, confirmation or copy of contract from collection agency	<input type="checkbox"/>
Proof of Bank Account (cancelled cheque or letter from bank not older than we months)	<input type="checkbox"/>
Details of Compliance Officer – Company name, contact name, contact number, e-mail address, web site	<input type="checkbox"/>