

WARRANTY

I hereby warrant that the above particulars and statements are true and correct, and contain all information known to me and that this and any other statement made by me or on my behalf for the purpose of the proposed agency shall be the basis of and incorporated in the contract between me and Echelon Private Client Solutions (Pty) Ltd and shall be promissory.

I know and understand that the appointment as agent is subject to the provisions and guarantees included in the Agency Agreement which will be issued after this application is accepted.

Signature :

Date of Application :

BROKER INFORMATION

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| Full Company Name: |
| Physical Address: |
| Postal Address: |
| Telephone No: |
| Website: (if applicable) |
| Contact Person: |
| General E-mail Address: |
| Financial E-mail Address : |
| Underwriting E-mail Address: |
| Claims E-mail Address: |
| What type of enterprise is the company (Pty Ltd/CC/Sole Proprietor/Trust etc)? |
| VAT Registration No.: |
| Company Registration No.: |

DETAILS OF THE DIRECTORS, MEMBERS, TRUTEES, PARTNERS OR OWNERS

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| Name : |
| Designation : |
| I.D. Number : |
| Name : |
| Designation : |
| I.D. Number : |
| Name : |
| Designation : |
| I.D. Number : |
| Name : |
| Designation : |
| I.D. Number : |
| Have any of the above parties/persons been found guilty of a criminal offence? |
| If yes, please provide details : |
| Are there any lawsuits or criminal matters pending against them? |
| If yes, please provide details (i.e. Type of lawsuit/ criminal matter & anticipated date it will be finalised?): |
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| Is there a civil judgment, which was granted against them that has not been settled? |
| If yes, please advise when it occurred: |

COMPLIANCE DETAILS

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| FAIS/FSP Number : |
| Is the above number Temporary? |
| Compliance Officer: |
| Professional Indemnity Insurer: |
| P.I Cover Policy Number & Limit: |
| Fidelity Guarantee Insurer & Policy Number: |

AGENCY HISTORY

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| Has any insurer ever cancelled an agency of yours? |
| If yes, please provide details: |

PORTFOLIO DETAILS

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| Are you an agent for any other short-term insurers and underwriting managers? |
| If yes, please provide details: |
| Year Incepted : |
| Insurer/UMA : |
| Premium Income : |
| Current Loss Ratio : |
| Year Incepted : |
| Insurer/UMA : |
| Premium Income : |
| Current Loss Ratio : |
| Year Incepted : |
| Insurer/UMA : |
| Premium Income : |
| Current Loss Ratio : |
| Year Incepted : |
| Insurer/UMA : |
| Premium Income : |
| Current Loss Ratio : |
| How is your short term portfolio divided? |
| Scheme : % |
| Non-scheme : % |
| Annual : R |
| Monthly : R |
| Personal : |
| Personal Motor : |
| Commercial : |
| Commercial Motor : |
| Other : |
| If other, please provide details: |

COMMISSION PAYMENT DETAILS

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| Commission Allocation: Motor 12.50% |
| Non-motor & Watercraft 20.00% |
| These amounts will remain unchanged unless there is an official amendment to the Insurance Act. |
| Broker Fee Allocation: The broker may charge a Broker Fee calculated as a percentage of total premium, or rand value provided it is disclosed to the client and reflected on the schedule of insurance. |

BANK DETAILS

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| Bank: |
| Branch Name : |
| Branch Code: |
| Account Number: |
| Account Holder: |
| Type of Account: |