

## APPLICATION FOR AN AGENCY/BROKER

INSURER															
Mutual and Federal Risk Financing Limited															
ENTITY PARTICULARS															
Complete Business name under which agency will operate (If a sole proprietor, furnish surname, full names and title)															
Company Name															
A Registered Company		B Clo	se Corporation		Trust	D		Partnership		E	Sole	le Proprietor			
Registration No of Company	<b>,</b>			VAT Registration No											
Street address of agency/broker															
													Code		
Postal address of agency/broker															
													Code		
Name of the Contact persor	1														
E-mail Address				Tel I	No	10			Fax No	Fax No					
BANKING DETAILS															
Payment of commission into agency's bank account. The commission of the agency will be held into the agency's bank account. Please state the details hereunder															
Bank					Account Holder										
Account Number															
Branch Name					Branch Code										
Type of account (Please tick appropriate block)					Cheque			Transmission			Savings				
COMPLIANCE DETAILS	<b>:</b>														
FSP No															
Compliance Officer															
Compliance officer contact details															
Professional Indemnity Insurer															
PI Cover Policy Number															

## If you are a registered enterprise for VAT purposes

- (i) The stipulation of Section 20(2) of the Value Added Tax Act no. 89 of 1991, as amended, will apply and it is agreed that Mutual and Federal Risk Financing Limited will prepare the tax invoices.
- (ii) You will notify us immediately if your VAT status changes.

I/We declare that all particulars and statements given above, are true and correct, that they will form part of any subsequent agreement to be concluded and understand that the appointment as agency is subject to the provisions and guarantees included in Mutual and Federal Risk Financing Limited , official Agency Agreement which will be issued hereafter if this application is accepted.

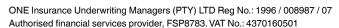
Furthermore I / We declare that I / We:

- (a) are prepared to come to an agreement with the particular Mutual and Federal Risk Financing Limited branch(es) concerning objectives.
- (b) are prepared to give my / our cooperation regarding the following:
  - Acceptance of branch policy
  - Follow-up on RD debit orders
  - Revision of existing business
  - Screening of policies
- (c) will not request a quotation on the same business at more than one Mutual and Federal Risk Financing Limited Insurance branch.

Underwritten by:

MUTUAL FEDERAL | risk financing

A member of the OLDMUTUAL Group



As part of your application, please attach a copy of:

- FSP licence certificate, VAT certification form
- PI policy schedule
- **Company Registration documents**

Signed at:		Date:	
On behalf of the Aç	gency:		
Designation:			
Signature			