



# AFRICAN MOTOR UNDERWRITERS (PTY) LTD AGENCY APPLICATION FORM

AUTHORISED FINANCIAL SERVICE PROVIDER  
LICENSE NO: 1041 COMPLIANCE OFFICER: NEIL REINECKE

NAME OF APPLICANT : \_\_\_\_\_

NATURE OF APPLICANT : REGISTERED CO. / PARTNERSHIP / CLOSE CORP. / SOLE  
TRADER

POSTAL ADDRESS : \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

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FAX NO : \_\_\_\_\_

E-MAIL ADDRESS : \_\_\_\_\_

PHYSICAL ADDRESS : \_\_\_\_\_  
\_\_\_\_\_

DATE BUSINESS ESTABLISHED: \_\_\_\_\_

NAME OF CHIEF EXECUTIVE : \_\_\_\_\_

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DETAILS OF ALL DIRECTORS/PARTNERS OF THE BUSINESS: ( Please complete separately for each person and attach a copy of their C.V.)

NAME: \_\_\_\_\_

ID NO: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

YEARS OF EXPERIENCE:

AS A BROKER: \_\_\_\_\_ AS AN INSURER: \_\_\_\_\_

QUALIFICATIONS: \_\_\_\_\_

HAVE YOU EVER BEEN DECLARED INSOLVENT OR PUT UNDER  
ADMINISTRATION: \_\_\_\_\_

DO YOU HAVE A CRIMINAL RECORD?\_

WHAT IS YOUR SHAREHOLDING % ?  
\_\_\_\_\_

HOLDING COMPANY : \_\_\_\_\_

SUBSIDIARY COMPANIES : \_\_\_\_\_  
\_\_\_\_\_



**FINANCIAL:**

- (a) INTERMEDIARIES GUARANTEE FUND NUMBER : \_\_\_\_\_
- (b) NAME AND ADDRESS OF AUDITORS : \_\_\_\_\_
- (c) YOU MAY APPROACH OUR AUDITORS FOR INFORMATION YOU MAY REQUIRE YES/  
NO
- (d) NAME AND ADDRESS OF BANKERS : \_\_\_\_\_
- (e) GENERAL ACCOUNT NUMBER : \_\_\_\_\_
- (f) TRUST ACCOUNT NUMBER : \_\_\_\_\_
- (g) VAT REGISTRATION NUMBER : \_\_\_\_\_
- (h) FSB REGISTRATION NUMBER: : \_\_\_\_\_
- (i) NUMBER OF STAFF : \_\_\_\_\_

LLOYDS AGENCY? \_\_\_\_\_ YES/NO

MEMBER OF SAIBA (SOUTH AFRICAN INSURANCE BROKERS ASSOCIATION)? \_\_\_\_\_ YES/  
NO

ARE YOU A MEMBER OF ANY OTHER PROFESSIONAL INSURANCE BODY? \_\_\_\_\_ YES/  
NO

IF "YES", STATE NAME/S OF ORGANISATION/S \_\_\_\_\_

**PLEASE SUPPLY DETAILS OF YOUR FIDELITY GUARANTEE AND  
PROFESSIONAL INDEMNITY COVERAGE:**

- |                       | FIDELITY GUARANTEE | PROFESSIONAL INDEMNITY |
|-----------------------|--------------------|------------------------|
| (a) NAME OF INSURER : | _____              | _____                  |
| (b) INDEMNITY LIMIT : | _____              | _____                  |
| (c) DEDUCTIBLE :      | _____              | _____                  |

**DETAILS PERTAINING TO YOUR EXISTING BOOK OF BUSINESS:**

INSURER	P/LINES	COMMERCIAL	MOTOR ONLY	LOSS RATIO	AGE OF BOOK
	R	R	R	%	years
	R	R	R	%	years
	R	R	R	%	years

	R	R	R	%	years
	R	R	R	%	years

PLEASE PROVIDE DETAILS OF TWO CONTACTABLE REFERENCES:

1) NAME: \_\_\_\_\_ OCCUPATION & COMPANY \_\_\_\_\_  
 TEL. NO'S (W) \_\_\_\_\_ (CELL) \_\_\_\_\_ EMAIL \_\_\_\_\_



2) NAME: \_\_\_\_\_ OCCUPATION & COMPANY \_\_\_\_\_  
 TEL. NO'S (W) \_\_\_\_\_ (CELL) \_\_\_\_\_ EMAIL \_\_\_\_\_

THE UNDERSIGNED HEREBY WARRANTS THE ANSWERS HERETO ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE:

NAME : \_\_\_\_\_  
 CAPACITY : \_\_\_\_\_  
 SIGNATURE : \_\_\_\_\_  
 DATE : \_\_\_\_\_

**AUTHORISATION TO COLLECT PREMIUMS IN TERMS OF SECTION 45 AND THE REGULATIONS OF THE SHORT TERM INSURANCE ACT OF 1998**

This serves to confirm that \_\_\_\_\_, their subsidiaries and affiliates are

(Name of applicant)

hereby authorised to collect, account and make the required returns, for premiums received for and on our behalf in terms of Regulation 4.3(1), (2) and (3), and 4.4(a) and (b).

This authorisation is subject to the required security in the form of a guarantee policy being in place/issued as per Regulation 4.1(2).

Thus done and signed by NEIL REINECKE being the duly authorised representative for AFRICAN MOTOR UNDERWRITERS (PTY) LTD

\_\_\_\_\_  
 Signature

Accepted by \_\_\_\_\_ on this \_\_ day of  
\_\_\_\_\_ 2000  
(Name of representative)

being the duly authorised representative for

\_\_\_\_\_  
(name of applicant)

\_\_\_\_\_  
Signature

### Conditions of Appointment

1. You must forward all proposals to African Motor Underwriters (Pty) Ltd (hereinafter referred to as “the Company”) as soon as practicable.
2. You are not empowered to give cover for any risk nor are you empowered to bind the Company by any statement written or oral unless expressly authorised by the Company to do so.
3. You must advise the Company immediately if you receive notice of a claim under any of the policies in your agency. You are not authorised to arrange loss settlements on behalf of the Company.
4. In the event of a policyholder introduced by you instructing the Company that he desires some other person to be regarded as Agent for his insurance then the Company shall have the right to transfer such insurances and to cease paying the commission to the Agent in respect of such insurances.
5. If the Agent dies, compounds with his creditors, becomes bankrupt or (in the case of a company) goes into liquidation, whether voluntary or compulsory, the appointment is thereby cancelled. Furthermore, the appointment may be terminated by the Company at any time without reason assigned, whereupon the right to all commissions and allowances (apart from commissions and allowances already earned) will cease.
6. In every case where a refund of premium is made on an insurance introduced through the agency (whether by cancellation of the insurance, by reduction of the amount insured or for any other reason) the commission on such refund will be debited to the Agent’s account.
7. All monies received by the Agent on behalf of the Company are deemed to be held in trust by him for the Company. Accounts must be settled in accordance with the provisions of Section 20 (bis) of the Insurance act and/or of this agreement.
8. The Agent is not authorised to endorse the cheques made payable to the Company, these must be forwarded to the Company immediately, who will place them to the credit of the Agent’s account.
9. Remuneration is by commission only in accordance with the agreed scale.

We accept the conditions stated herein to be the basis of our agreement with the Company.

Signed for and on behalf of

\_\_\_\_\_  
(Name of applicant)

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date :