

## APPLICATION FOR APPOINTMENT AS INDEPENDENT INTERMEDIARY

Name of Intermediary: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Physical Address (Domicilium): \_\_\_\_\_

Company or CC Reg. Number: \_\_\_\_\_ Vat Reg. Number: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_ Fax Number: (    ) \_\_\_\_\_

E-Mail / Website: \_\_\_\_\_ FSP Reg. Number \_\_\_\_\_

Contact / Liaison Person: \_\_\_\_\_

Details of Branches: \_\_\_\_\_

Full Names and ID Numbers of Partners / Members / Directors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CREDIT HISTORY

• Has any party to this application ever been declared insolvent, placed in liquidation whether provisional or final or reached a compromise with creditors. If yes, give details / explanation Yes / No

• Does any party to this application have any defaults and / or judgments against them? If yes, please give details: Yes / No

### CRIMINAL RECORD

• Has any party to this application any pending or criminal convictions or paid an admission of guilt fine other than speeding or parking offences. If yes, please give details / explanation Yes / No

### OTHER MATERIAL FACT

• Is there any material fact that is likely to influence the assessment of this application which will affect the decision Hollard makes with regard to whether we do business with you or not. If you are in any doubt as to whether a fact would be considered material you should declare / explain it anyway to enable us to make an informed decision. Where necessary or possible, provide proof to substantiate your explanation / declaration. All the information that we request in this application is material. Please give details: Yes / No

### SUPPORTING INFORMATION

• Please note any relevant information or attach any document to support this application

Has the company or any of the Partners / Members / Directors had an insurance agency cancelled? If so give details

Are you a member of a Brokers Association or any other professional insurance bodies? If so give details

Do you have an IGF Guarantee? If so please submit a copy of your certificate with this application.

Do you have Professional Indemnity Insurance? If so please have the attached Confirmation of PI completed.

Do you have Fidelity Insurance? If so please have the attached Confirmation of Fidelity Insurance completed.

|     |    |
|-----|----|
| YES | NO |
| YES | NO |
| YES | NO |

## INDEMNITY AND CONSENT TO DISCLOSURE

Relevant to the Sole Proprietor, any Business Entity Owner, Partner, Shareholder, Registered Member, Director and / or any employees who represent the Business Entity (the parties to this application).

• I, the undersigned (full names)..... in my capacity as .....

..... of ..... (the Business Entity)

warrant that I am duly authorised to complete and submit this application and enter into this agreement on behalf of the business and all parties represented herein by myself and if requested will provide adequate proof of such authority.

- On my own behalf, and on behalf of any other party I represent herein, I hereby indemnify Hollard and its duly appointed representatives from any loss or damage caused to me / the Business Entity and the parties that I represent in this application, as a result of Hollard disclosing any information provided in this document for the purpose of a proposed business relationship.
- I acknowledge that all information concerning the relevant Sole Proprietor, Business Entity Owner, Partner, Shareholder, Registered Member and Director and employees listed herein (the parties to this application) is essential to enable Hollard to properly evaluate the following information:
  - that may be recorded at any credit bureau
  - regarding any criminal history or record, previous convictions and any other relevant information usually furnished by the Criminal Record Centre
  - regarding any other material fact which is likely to influence the outcome of the application.
- On my own behalf, and on behalf of any other party I represent herein, I accordingly waive any right to privacy in respect of the above information concerning the relevant Sole Proprietor, Business Entity Owner, Partner, Shareholders, Registered Members and Directors and any of the other parties that I represent herein and I hereby consent to and authorise such information being disclosed by and to Hollard.
- On my own behalf, and on behalf of any other party I represent herein, I consent to Hollard verifying any information provided by me against other legitimate sources on my own behalf, and on behalf of any other parties that I represent herein.
- On my own behalf, and on behalf of any other party I represent herein, I furthermore indemnify Hollard, its agents and its employees against any liability whatsoever, which may result from furnishing or receiving information in this regard and hold them harmless on my own behalf, and on behalf of any other party that I represent herein.
- On my own behalf, and on behalf of any other party I represent herein, I warrant that the information supplied in this application is true and accurate and complete in all respects and that should there be a change in the information between the date of this application and the date of its acceptance and the inception date of any agreement that may be entered into between the parties, I will immediately notify Hollard in writing of such change.
- On my own behalf, and on behalf of any other party I represent herein, I further warrant that an opportunity was given to me to provide full declarations where relevant.
- On my own behalf, and on behalf of any other party I represent herein, I accept that signing this application does not bind Hollard to offer or to accept any agreement, but it is agreed that this application shall be the basis of the agreement and will be attached to and made a part of the agreement should an agreement be entered into.

| <b>OWNER or AUTHORISED REPRESENTATIVE</b> |          |       | <b>WITNESS</b> |          |       |
|---|----------|-------|----------------|----------|-------|
| Signed                                    | Capacity | Dated | Signed         | Capacity | Dated |

**REGISTERED AUDITOR / ACCOUNTING OFFICER**

If the Business Entity is legally required to have Auditors then the official Business Entity Auditors must have checked, agreed and signed that the content herein is correct. If Auditors are not required, then the Registered Accounting Officer should sign. Should neither apply, then the accountable person should sign.

|            |        |          |       |
|------------|--------|----------|-------|
| Print name | Signed | Capacity | Dated |
|------------|--------|----------|-------|