



Agency Application

Gem & Jewel Acceptance (Pty) Ltd

Reg. No. 1999/013901/07 | FSB LICENCE 5064 | VAT 4200186551
321 Main Road, La Rocca Office Park, Building A, Ground Floor, Bryanston
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Directors: Valerie Hayter, Natasha Maroun (Managing), Gary Cross





AGENCY APPLICATION FORM

Please take note that this application cannot be processed if ALL fields and pages 5 of 5 are not completed in full.

Processed by (UMA staff member) ROBYN LAMBERT	Date	Inception Date of facility requested
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COMPANY DETAILS

Name in full, including current trading title, if any

Previous trading names, agencies or brokers with whom you have been associated

Type of business - Tick as appropriate:

<input type="checkbox"/>	Limited Liability Company	Registration No.
<input type="checkbox"/>	Close Corporation	Registration No.
<input type="checkbox"/>	Partnership	
<input type="checkbox"/>	Sole Proprietor	
<input type="checkbox"/>	Other	

Please list the names, ID Numbers and occupations of all directors

Please list the names, ID Numbers or registration numbers and occupations of all share holders

Please list the names, ID Numbers and occupations of all members or partners

Have any of the persons listed above, or has any organisation in which they have held a managerial position been placed in provisional or final liquidation, receivership or been placed under financial judicial management, or been provisionally or finally sequestrated or entered into arrangements with creditors or are any such matters still pending? If Yes, please provide full details:

Have any of these persons been convicted of any criminal offence during the past 10 years? If Yes, please provide full details:

Is there civil or criminal litigation pending against any of the persons mentioned above or against the applicant? If Yes, please provide full details:

Have any of these persons ever had any agency or an agency application declined, terminated or granted on special terms? If Yes, please provide full details:

CONTACT DETAILS

Physical address from which business is conducted _____

Tel. No _____ Fax No. _____ Cell. No _____

Email Address _____

Website Address _____

Postal Address _____

Date business was established or incorporated _____ Date of inception of present management _____

MEMBERSHIP DETAILS

State any insurance / broker / underwriting association related membership

Association _____ Membership No. _____

Association _____ Membership No. _____

BANKING DETAILS

Name of Bank _____

Address _____

Account Type _____

Account Number _____

Branch Code _____

Have you changed bankers over the last 2 years? If Yes, please advise:

Bank _____ Name of Account Holder _____

Branch _____ Account Number _____

FACILITY / CONTRACT DETAILS

Below, list the detail as requested of the three Insurance Companies and / or Underwriting Agencies with whom most of your business is placed. **(Please note that all three fields need to be completed in full)**

Company Name			
Branch			
Contact Person			
Contact Number			
Period of Agreement			
Monthly Premium			
Cumulative 12 month Loss Ratio			

List the names only of any other insurance company and / or underwriting agency with whom you place business:

1		6	
2		7	
3		8	
4		9	
5		10	

Do you currently have a Compass Facility through any other Outsource Manager? If so, provide details below:

Amount of business to be placed at inception (month)
R

Amount of business within six months (month)
R

Amount of business after twelve months (month)
R

Proposal completed by:
(Please Print)

Signature

Date

Important Notice:

The acceptance of this proposal is subject to the final approval of Compass Insurance.
Compass Insurance will not accept responsibility for cover until written confirmation has been issued.

OFFICE USE

Date received at Compass

Checked by

Approved by

Proof of PI attached

Date

Date