



NEW NATIONAL

ASSURANCE COMPANY

BINDER HOLDER APPLICATION FORM

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

Underwriting Management Agency:	Click here to enter text.					
Processed by (UMA Staff Member):	Click here to enter text.					
Date:	Click here to enter a date.					
Inception date of facility requested:	Click here to enter a date.					
Application for Binder Agency:	Underwriting Management Agency	<input type="checkbox"/>	Non-Mandated Intermediary	<input type="checkbox"/>	Mandated Intermediary	<input type="checkbox"/>
FSP Licence Number:	Click here to enter text.					
Name in full (including current trading title, if any)	Click here to enter text.					
Previous trading names, agencies or brokers with whom you have been associated:	Click here to enter text.					
Form of Business – tick as appropriate:	<input type="checkbox"/>	Proprietary Limited Company	Registration Number:	Click here to enter text.		
	<input type="checkbox"/>	Limited Liability Company	Registration Number:	Click here to enter text.		
	<input type="checkbox"/>	Close Corporation	Registration Number:	Click here to enter text.		
	<input type="checkbox"/>	Partnership	Click here to enter text.			
	<input type="checkbox"/>	Sole Proprietor	Click here to enter text.			
	<input type="checkbox"/>	Other	Please give details:	Click here to enter text.		
Please list the names, I.D. Numbers and occupations of all directors / members / partners / sole proprietor:						
1. Click here to enter text.						
2. Click here to enter text.						
3. Click here to enter text.						
4. Click here to enter text.						
5. Click here to enter text.						
6. Click here to enter text.						
Please list the names, I.D. Numbers or registration numbers, and occupations of all shareholders:						
1. Click here to enter text.						
2. Click here to enter text.						
3. Click here to enter text.						
4. Click here to enter text.						
5. Click here to enter text.						
6. Click here to enter text.						
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 provisional or final judicial management, or been provisionally or finally sequestered or entered into arrangements with creditors or are any such matters still pending? If yes, please provide full details below:						
Click here to enter text.						
Have any of these persons been convicted of any criminal offence during the past 5 years? If yes, please provide full details:						
Click here to enter text.						
Is there any civil or criminal litigation pending against any of the persons mentioned above or against the applicant? If yes, please provide full details:						
Click here to enter text.						
Have any of the persons ever had any agency or an agency application declined, terminated or granted on special terms? If yes, please provide full details:						
Click here to enter text.						



CONTACT DETAILS										
Physical address from which your business is conducted:	Click here to enter text.									
Business Telephone Number:										
Facsimile Number:										
Mobile Number:										
Postal Address:	Click here to enter text.									
Email Address:	Click here to enter text.									
Web Address:	Click here to enter text.									
Date Business was established or incorporated:	Click here to enter text.									
Date of inception of present management:	Click here to enter text.									
OTHER CONTACT DETAILS										
Main Contact Person	Click here to enter text.									
E-Mail Address:	Click here to enter text.									
Underwriting Contact Person	Click here to enter text.									
E-Mail Address:	Click here to enter text.									
Claims Contact Person	Click here to enter text.									
E-Mail Address:	Click here to enter text.									
Accounts Contact Person	Click here to enter text.									
E-Mail Address:	Click here to enter text.									
MEMBERSHIP DETAILS										
State any insurance / broker / underwriting association related membership:	Click here to enter text.									
Branch:	Click here to enter text.									
Association:	Click here to enter text.				Membership Number:			Click here to enter text.		
Association:	Click here to enter text.				Membership Number:			Click here to enter text.		
BANKING DETAILS										
Bank	Click here to enter text.				Branch			Click here to enter text.		
Branch Code	Click here to enter text.				Type of Account			Click here to enter text.		
Account Number										
Name of Account Holder	Click here to enter text.									
Have you changed bankers over the last 2 years, if Yes, please advise:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.							
Bank	Click here to enter text.				Name of Account Holder			Click here to enter text.		
Branch	Click here to enter text.				Account Number					
BINDER FACILITY CONTACT DETAILS										
Below, list the detail as requested of the 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	Click here to enter text.									
Branch	Click here to enter text.									



Contact Person	Click here to enter text.		
Contact Number	Click here to enter text.		
Period of Agreement	Click here to enter text.		
Monthly Premium	Click here to enter text.		
Cumulative 12 month loss ratio:	Click here to enter text.		
List the names only of any other insurance company and/or underwriting agency with whom you place business:			
1.	Click here to enter text.	5.	Click here to enter text.
2.	Click here to enter text.	6.	Click here to enter text.
3.	Click here to enter text.	7.	Click here to enter text.
4.	Click here to enter text.	8.	Click here to enter text.
Do you currently have a New National Assurance Company Facility?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please provide details below:			
Click here to enter text.			
TAX STATUS			
Is the Company a registered Tax Payer?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Income Tax Number	Click here to enter text.	VAT Registration Number	Click here to enter text.
FINANCIAL ADVISORY AND INTERMEDIARY SERVICES ACT			
PLEASE NOTE THAT YOUR APPLICATION CANNOT BE APPROVED IF YOU HAVE NOT REGISTERED CORRECTLY IN TERMS OF FAIS.			
Please provide your FSP licence number and Category (e.g. CAT I / II / IIA III / IV)	Licence Number	Click here to enter text.	Category <input type="checkbox"/>
Please mark type of financial service the FSP is registered to provide	Advice (A)	<input type="checkbox"/>	Intermediary Service (B) <input type="checkbox"/>
Please provide sub-category product details: e.g. 1.2 (short-term insurance: personal lines), 1.6 (short-term insurance: commercial lines)			
Click here to enter text.			
Are there any other conditions applicable for licence categories (If yes, please provide details below)	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Click here to enter text.			
Name of registered Compliance Officer:	Click here to enter text.		
Contact Details	E-Mail Address	Click here to enter text.	
	Business Number	Click here to enter text.	Mobile Number <input type="checkbox"/>
COVER DETAILS (Please attach supplementary proof i.e. policy schedule or proof of cover)			
Professional Indemnity Cover (Compulsory for all FSP's in terms of the Notice on Requirements for Professional Indemnity and Fidelity Insurance Cover for Providers, published in Board Notice 123 of 2009)		I.G.F Cover (Compulsory if the intermediary is mandated as a credit intermediary to receive and hold premium in terms of Section 45 of the Short-term Insurance Act with Regulation 4 thereto)	
Excess Structure	Click here to enter text.	Excess Structure	Click here to enter text.
Underwriter	Click here to enter text.	Underwriter	Click here to enter text.
Limit of Indemnity	Click here to enter text.	Limit of Indemnity	Click here to enter text.
Policy Number	Click here to enter text.	Policy Number	Click here to enter text.
Expiry Date	Click here to enter a date.	Expiry Date	Click here to enter a date.
Who is covered under the PI policy, e.g. only Directors, all staff? Please specify			
Click here to enter text.			



Suitable Fidelity Insurance / Bank Guarantee (compulsory if the FSP receive premiums or hold assets on behalf of clients in terms of the Notice on Requirements for Professional Indemnity and Fidelity Insurance Cover for Providers, published in Board Notice 123 of 2009)									
Excess Structure					Click here to enter text.				
Underwriter					Click here to enter text.				
Limit of Indemnity					Click here to enter text.				
Policy Number					Click here to enter text.				
Expiry Date					Click here to enter text.				
Any other relevant information:									
Click here to enter text.									
Proposal completed by (block letters)									
Signature									
Date		Click here to enter a date.							
DECLARATION									
The information contained herein is both true and correct and shall form part of the agreement to be concluded between New National Assurance Company, the Underwriting Manager and the independent intermediary.									
Important notice: The acceptance of this proposal is subject to the final approval of New National Assurance Company. New National Assurance Company will not accept responsibility for cover until written confirmation has been issued and the agreement between the parties have been concluded.									
OFFICE USE ONLY									
Date received by <i>New National Assurance Company</i>		Click here to enter a date.		Checked By:		Click here to enter text.		Approved By:	
Proof of PI Attached		<input type="checkbox"/>		Checked By:		Click here to enter text.		Approved By:	
Proof of IGF and FI Attached (if relevant)		<input type="checkbox"/>		Checked By:		Click here to enter text.		Approved By:	
				Date		Click here to enter a date.		Date	
								Click here to enter a date.	