



FSP APPLICATION FORM

Name in full, including current trading title, if any:			
Previous trading names, agencies or brokers with whom you have been associated:			
Type of business: (please tick)			
<input type="checkbox"/>	Private Company (Pty) Ltd		
<input type="checkbox"/>	Personal Liability (Inc.)		
<input type="checkbox"/>	Close Corporation		
<input type="checkbox"/>	Sole Proprietor		
<input type="checkbox"/>	Other		
Registration no. (if applicable) or details if "other":			
Please list the names and I.D. numbers of all directors / members / sole proprietor:			
Name		I.D. number	
Name		I.D. number	
Please list the names, I.D. numbers or company registration numbers of all share holders:			
Name		I.D. number	
Name		I.D. number	
Please list the names, I.D. numbers of all key individuals :			
Name		I.D. number	
Name		I.D. number	
Have any of the persons listed above, or has any organisation in which they have held a			
pending? If yes, please provide full details.			

Have any of these persons been convicted of any criminal offence during the past 5 years?
If yes, please provide full details:

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:

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:

Business tel:

Cell:

Website:

Email:

Postal address and code:

BANKING DETAILS for commission and fee payments:

A Policy Fee is allowed to be charged by the FSP, subject to client acceptance. Blue will negotiate with the FSP for remuneration required for our services outside of Insurer Mandates. This will be on a per policy basis

Bank:

Branch:

Branch code:

Account type:

Account number:

Account holder:

TAX STATUS

Is the Company a registered taxpayer?

Income tax number:

VAT registration number:

FINANCIAL ADVISORY AND INTERMEDIARY SERVICES ACT PLEASE NOTE THAT YOUR APPLICATION CANNOT BE APPROVED IF YOU HAVE NOT REGISTERED CORRECTLY IN TERMS OF FAIS

FSP licence number:	
Category (e.g. Cat I / II / IIA III / IV):	
Email:	
Business tel:	

COVER DETAILS

Please attach supplementary proof (i.e. policy schedule or proof of cover)

Professional Indemnity Cover:	
Underwriter:	
Policy number:	

CONTACT DETAILS

The information contained herein is true and correct and shall form part of the agreement to be concluded between Blue and the independent intermediary.	
Proposal/declarations completed by:	
Signature:	
Date:	

SUPPORTING DOCUMENTS CHECKLIST

Logo	
Letter to Insurers for Blue to handle admin	
VAT Certificate	
Bank Confirmation letter	
FSP Licence papers	
Copy of PI Polis	
I.D's of all KI'S and representatives	