

**BROKER INFORMATION VERIFICATION FORM**



Insured By: Guardrisk Insurance Company Limited |  
 Reg 1992/001639/06 | FSP 75  
 Address – 102 Rivonia Rd, Sandton | Postal- PO Box 783542  
 Sandton 2146 | Tel- 0860 002 500

Administered by: Sasfin HRS Administrators (Pty) Ltd |  
 Reg 2014/074456/07 | FSP45422  
 Address – 97 Milner Rd, Kensington B, Randburg | Postal- PO Box 321  
 Cramerview 2060 | Tel- 011 840-6000

*\* If there is more than one branch, EACH BRANCH must submit a brokers Application form.*

**YOUR DETAILS**

Full Name of Brokerage: \_\_\_\_\_

Company Registration no: \_\_\_\_\_

VAT Registration no: \_\_\_\_\_

Income Tax reference no.: \_\_\_\_\_ FSP no: \_\_\_\_\_

Confirmation of FSCA Registration?  YES  NO

**PRESENT LEGAL CONSTITUTION (Mark relevant block)**

Sole Practitioner  Partnership  Company Incorporated  Company Limited  Company Close  Corporation

Postal address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Physical address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Tel no.: \_\_\_\_\_ Web address: \_\_\_\_\_

**FOR A COMPANY / CLOSE CORPORATION / PARTNERSHIP / SOLE PRACTITIONER**

Name/s of Director/s – Member/s – Individual/s	Identity Number/s

Name/s of Shareholder/s	% Shareholding

**MAIN CONTACT PERSON FOR COMMISSION & COMMUNICATION**

Name & Surname: \_\_\_\_\_

Email address: \_\_\_\_\_

Title:  Mr  Mrs  Miss  Ms  Other (specify) \_\_\_\_\_

Cell Number:

**YOUR BANKING DETAILS**

Commission payment directly into your account?  Yes  No

Account Holder: \_\_\_\_\_

Bank: \_\_\_\_\_ Account type:  Cheque  Transmission  Savings

Branch Code: \_\_\_\_\_ Account no.: \_\_\_\_\_



**YOUR COMPLIANCE OFFICER**

Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**PI (PROFESSIONAL INDEMNITY) INSURANCE**

Have you arranged Professional Indemnity Insurance?  Yes  No  
Company name \_\_\_\_\_  
Limit of indemnity \_\_\_\_\_ Renewal date (DD/MM/YYYY) \_\_\_\_\_  
Previous claims experience \_\_\_\_\_  
Policy no (Attach copy of schedule) \_\_\_\_\_

**YOUR KEY INDIVIDUALS**

Name	ID Number

**YOUR CURRENT REPRESENTATIVES**

Name	ID Number

**LIST OF CURRENT INSURERS SUPPORTED AND % OF BUSINESS WITH INSURER**

Name of Insurer	Class of Insurance	Binder / Outsource / Agency



Is there any civil or criminal litigation pending against any of the people mentioned or against the applicant?  Yes  No

If yes, please provide details

Have any of the people mentioned ever had an agency application declined, terminated or granted on special terms?  Yes  No

If yes, please provide details

Have any of the persons listed above been convicted of any criminal offence during the past 5 years?  Yes  No

If yes, please provide details

Have any of the persons listed above or has any organisation in which they have held a managerial position previously been placed in:

Provisional or Final Liquidation  Yes  No Judicial Management  Yes  No

Receivership  Yes  No Sequestered  Yes  No

Entered into arrangement with Creditors  Yes  No

If yes to any of the above, please provide details:

### TREATING CUSTOMERS FAIRLY (TCF)

Are you, as a business, aware of your responsibilities in terms of TCF?  Yes  No

Are your clients made aware of their rights in regards to TCF?  Yes  No

Do you analyse and assess complaints received in terms of TCF?  Yes  No

Do you have a complaints policy and reporting framework?  Yes  No

Who, in your business, is responsible for TCF?

### PROTECTION OF PERSONAL INFORMATION (POPI)

Are you, as a business, POPI compliant?  Yes  No

Do you have procedures in place to ensure the safekeeping of information?  Yes  No

Do you advise clients if their information is being used for any other purpose?  Yes  No

**ADDITIONAL FEES / CHARGES**

Do you charge the policyholder a fee in addition to the commission earned?  Yes  No

If yes, please explain the fee in detail (what is being charged and for what service):  Yes  No

Will this fee be collected together with the premium for the policy, or will the fee be collected separately by yourselves?  With Premium  Collected Separately

Do you ensure, at inception of the policy, that the fee is properly explained to the policyholder?  Yes  No

Do you obtain consent from the policyholder in writing to charge this fee?  Yes  No

How will this consent be obtained?  Telephonic  In writing

If telephonic, do you have the ability to record these calls?  Yes  No

*\*\*If in writing, please attach an example of the written disclosure and consent form given to the policyholder*

Does this fee relate to an actual service being provided to the policyholder?  Yes  No

Does the service being offered for this fee fall within the definition of "services as intermediary"?  Yes  No

Does the charging or payment of this fee by the policyholder result in your-selves as intermediary being remunerated for a serviced already paid for by the insurer?  Yes  No

**PSP STATUS (PERSONAL SERVICE PROVIDER)**

To determine whether the brokerage is a PSP (Personal Service Provider)

Affidavit signed and attached  Yes  No

PSP SARS Flow chart Signed  Yes  No

**This application relates to business to be introduced by the broker as an independent broker on behalf of its clients**

**All information provided in this application will be kept confidential and comply at all times with the Protection of Personal Information Act, No 4 of 2013 ("POPI")**

**DECLARATION**

I / We hereby declare that the above statements and particulars contained in this proposal are true and complete.

For and on behalf of Broker:

DATE:

(DD/MM/YYYY)

Who by his / her signature warrants that he / she is duly authorized thereto.



**PSP - PERSONAL SERVICE PROVIDER AFFIDAVIT**

I, the undersigned, \_\_\_\_\_ (Full name)

Do hereby make an oath that:

1. I am an adult (male/female) and hold the position of \_\_\_\_\_  
at \_\_\_\_\_ (name of Company / CC / Trust ), hereinafter referred to as "the Brokerage" with the following FSP Number: \_\_\_\_\_
2. I am authorised to make this Affidavit on behalf of the Brokerage.
3. The facts deposed to herein fall within my personal knowledge and are to the best of my knowledge true and correct.
4. I have considered the status of the Brokerage and confirm that it does not comprise a personal service provider as defined in the Income Tax Act, 1962 for the current year of assessment.
5. I specifically confirm one or both of the following:
  - a. not more than 80% of the total income of the Brokerage during the current year of assessment, derived from services rendered, consisted of or is likely to consist of amount received directly or indirectly from any one financial institution or any associated institution as defined in the Seventh Schedule to the Income Tax Act, in relation to that client.
  - b. the Brokerage has and will, throughout the current year of assessment, employ at least three full employees who engaged in the business of the Brokerage and who are not shareholders, members or trust beneficiaries of the Brokerage or relatives of such excluded employees.
6. I confirm that the information provided herein is a true record of the Brokerage's service provider status and undertake to advise within 30 days should there be any change to the status of the Brokerage.

**OATH / AFFIRMATION**

I, \_\_\_\_\_ hereby declare under oath / hereby truly affirm\* that to the best of my knowledge and belief the foregoing statements are true, complete and correct.

\_\_\_\_\_

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ 2019

**SIGNATURE OF DEPONENT**

I certify that before administering the oath / affirmation\*, I asked the Deponent the following questions and write down his / her\* answers in his / her\* presence:

1. Do you know and understand the contents of the above Declaration?  Yes  No
2. Do you have any objection to taking the prescribed oath?  Yes  No
3. Do you consider the prescribed oath to be binding on your conscience?  Yes  No

I certify that Deponent has acknowledged that he / she\* knows and understands the contents of this Declaration which was sworn to / affirmed before\* me and the Deponent's signature / thumb print / mark\* was placed thereon in my presence.

JUSTICE OF THE PEACE / COMMISSIONER OF OATHS\*

FULL NAME:

DESTINATION (RANK) AND AREA FOR WHICH APPOINTED:

BUSINESS ADDRESS:

DATE:

PLACE:

\*Cross out whichever is not applicable.

---



---



---



---



---



**1 PROCESS FLOW - DETERMINE IF AN EMPLOYEE IS A PERSONAL SERVICE PROVIDER**

