



# BROKER APPLICATION FORM

1Life Insurance Limited, a licenced life Insurer and Financial Services Provider. FSP No 24769

- Supporting documents:**
- Valid Professional Indemnity Cover Certificate
  - Proof of banking not older than 3 months, stamped by the bank
  - Bank statements
  - Company documents (for Private companies/CC)
  - FSCA License Certificate
  - Tax Certificate

Thank for your interest in an Intermediary Agreement with 1Life. In order for us to speedily attend to your application, we ask that you complete the following in full. Please email the completed form to

## BROKERAGE INFORMATION

1. Brokerage Registered Name		
2. Brokerage Trading Name		
3. Contact name and Surname		
4. FSP Number	5. License Categories Long-Term Insurance subcategory: A <input type="checkbox"/> B1 <input type="checkbox"/> C <input type="checkbox"/> Other <input type="checkbox"/>	
6. Email Address		7. Contact Number
8. Business Address		
9. Postal Address		
10. VAT Number		11. Tax Number
12. Bank Details (Name of Account Holder) <span style="float:right">Bank</span>		
Branch	Account Type	Account No.
13. Do you have a Broker Agreement in place with other insurers? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, with whom and the current persistency with each insurer?		
14. Have you previously had a Broker agreement cancelled? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, please supply full details		
15. POPIA information officer details		Contact number      Email Address
16. Key Individual details		Contact number
17. Compliance officer details		Contact number

## BROKER PRINCIPAL DETAILS

Broker Principal Full Names				
Principal ID / Passport Number				
Type of Marriage Contract	In community <input type="checkbox"/>	ANC <input type="checkbox"/>	Other <input type="checkbox"/>	N/A <input type="checkbox"/>
Business contact numbers				
Broker Principal Address				
Class of business accredited? YES <input type="checkbox"/> NO <input type="checkbox"/> EXEMPT <input type="checkbox"/>				

## DECLARATION

- By completing this application, the applicant declares that:
- all the information provided in this application is true and correct;
  - the applicant will, if requested to do so, supply further information and documentary evidence, dependent on the product application;
  - should there be any change of the applicant's registration details including but not limited to the status of the directors and members, the applicant will advise 1Life immediately;
  - the applicant acknowledges that any false information provided may lead to disqualification;
  - The applicant further declares that:
    - there are no pending litigation matters against the applicant;
    - there are no pending criminal matters against the applicant; and
    - there are no proceedings related to liquidation or the appointment of a receiver or similar officer for it; that would inadvertently affect the legal capacity of the applicant to enter into and
    - I/We authorise 1Life to make any enquiries it deems necessary and I/we authorise all third parties to furnish 1Life with full and complete replies to its enquiries. 1Life retains the right to refuse any application without furnishing any reason.
  - All representatives of the applicant meet the applicable fit and proper requirements. The applicant will provide 1Life with any information it may require in order verify the fit and proper status of any representative.

**Please Note:** If you are married in community of property, your spouse is required to sign acknowledgement of this application for a broker contract in the space provided below. Spouse ID copy and signature needed.

Director Name 1	Signature
Director 1 Spouse Name	ID Signature
Director Name 2	Signature
Director 2 Spouse Name	ID Signature
Director Name 3	Signature
Director 3 Spouse Name	ID Signature