

Application for Approval as a Lombard Intermediary

1. Intermediary Information.	
Full Business Name	
Legal Nature of Business (i.e. Pty Ltd, CC, Partnership)	
Company Registration Number	
VAT Registration Number	
Postal Address	
	Code:
Physical Address	
	Code:
Telephone Number	
Website Address	
Please attach a copy of your Company registration documents	
Please attach a copy of your VAT registration documents	

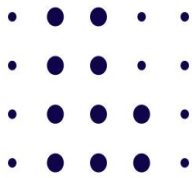
2. Further Business Details.	
Name(s) of Director(s)/ Member(s)/ Partner(s)	Identity Number(s)/ Passport Number(s)
If insufficient space, please provide details in a separate attachment	

3. Contact Person Details.				
Full Name				
Job Title				
Telephone Number	W		Cell	
E-mail Address				



4. Bank Details.	
Name of Account holder	
Bank Name	
Branch	
Account Type	
Account Number	
Please attach an original or certified copy of a bank statement (stamped by the bank) not older than 3 months.	

5. Financial Advisory and Intermediary Services Act.		
Are you licensed in terms of the Financial Advisory & Intermediary Services Act?	Yes	No
FSP Number		
Authorised License categories		
Fit and Proper:		
Have any of the persons listed as KI or reps for your business, either in your business or in any organisation in which they have held a managerial position previously been placed in:		
Final or Provisional Liquidation	Yes	No
Judicial Management	Yes	No
Receivership	Yes	No
Sequestered	Yes	No
Entered into arrangement with Creditors	Yes	No
If the answer to any of the above questions is yes, please provide further details below or in a separate attachment:		
Have any of the persons listed as KI or reps for your business been convicted of any criminal offence during the past 5 years? If yes, please provide further details below:		
Are there any civil or criminal litigation proceedings pending against any of the persons listed as KI or reps for your business or against you? If yes, please provide further details below:		
Have you or any persons listed as KI or reps for your business ever had an agency application declined, terminated or granted on special terms? If yes, please provide further details below:		



LOMBARD

Competency Requirements		
Have your reps completed the relevant Class of Business training?	Yes	No
Have your reps completed the relevant Product Specific training?	Yes	No
Do you have procedures in place to effectively manage Product Specific training?		
Have you identified the amount of continuous professional development hours required per CPD cycle for each of your reps?	Yes	No
Do you have procedures in place to effectively manage continuous professional development?	Yes	No
Please attach a copy of your FSP license and any annexures thereto		
Please attach a copy of your KI and Rep register, including reps under supervision		
Please attach a copy of your Training and Competency register		

6. Compliance Officer Details.			
Full Name			
Company Name			
Telephone Number	W		Cell
E-mail Address			

7. Intermediary Organisation Membership Details.		
Are you a member of any intermediary/ broker organisation?	Yes	No
Organisation Name		
Membership Number		
Telephone Number		
Please attach Proof of Membership		

8. Premium Collection.		
Will you be requesting a premium collection mandate?	Yes	No
Do you hold any premium collection guarantees?	Yes	No
Insurer /Bank Name		
Policy number		
Guarantee Amount		
Expiry Date		
Please attach a copy of the current Premium Collection Guarantee schedule		



Do you collect premiums yourselves or via a Collection Agency?	We collect ourselves	Collection Agency
If you use a Collection Agency, please indicate the name of the agency		
Does the Collection Agency hold any premium collection guarantees?	Yes	No
Please attach a copy of the Collection Agency's current Premium Collection Guarantee schedule		

9. Professional Indemnity Insurance Details.	
Name of Insurer	
Policy Number	
Sum Insured	
Expiry Date	
Who is insured under the policy?	
Please attach a copy of the current PI schedule	

10. Fidelity Guarantee Insurance Details.	
Name of Insurer	
Policy Number	
Sum Insured	
Expiry Date	
Who is insured under the policy?	
Please attach a copy of the current Fidelity Guarantee schedule	

11. Treating Customers Fairly (TCF).		
Do you have a TCF policy?	Yes	No
Are you conscious of your TCF responsibilities as an intermediary?	Yes	No
Do you ensure your clients know and understand their rights in regard to TCF?	Yes	No
Do you conduct an analysis and assess the complaints received in terms of TCF?	Yes	No
Do you have a complaints management and reporting framework in place?	Yes	No
Please provide the name and contact details of the person responsible for TCF in your business		
Please attach a copy of the current TCF Policy		

12. Protection of Personal Information (POPI).		
Do you have a POPI policy?	Yes	No



Is your business compliant with the relevant POPI requirements?	Yes	No
Do you have procedures in place to ensure the safekeeping of information?	Yes	No
Do you always advise policyholders of the purpose of which their information will be used?	Yes	No
Please attach a copy of the current POPI Policy		

13. Fees/ Charges (Fee) Payable by Policyholder to Intermediary			
Do you have a policy on fees/ charges payable by the policyholder to you as the intermediary?	Yes	No	
Do you as intermediary charge the policyholder any fee?	Yes	No	
If the answer to the above question is yes:			
i) Does this fee relate to an actual service being provided to the policyholder?	Yes	No	
ii) Does the fee being charged relate to a service that meets the definition of "services as intermediary"?	Yes	No	
iii) Does the charging of this fee lead to yourselves as the intermediary being remunerated for a service already remunerated for by the Insurer?	Yes	No	
iv) Please explain the purpose of the fee in detail.			
v) Does the policyholder explicitly agree to the amount and purpose of the fee?	Yes	No	
vi) Do policyholders give consent in writing or via telephone to charge this fee?	Writing	Telephone	No Consent
vii) If telephonic, do you record these calls?	Yes	No	
viii) Does the agreement with the policyholder regarding fees include the details as set out in i), ii) and iii) above?	Yes	No	
ix) Do you collect this fee together with the premium or separately by yourselves?	Separately	With Premium	
Please attach a copy of your policy on fees/ charges payable by policyholder to you as the intermediary			
Please attach a copy of the written agreement/authorization with policyholder, or if telephonic agreement then a copy of the telephonic script and policyholder consent			



14. Policyholder Protection Rules (PPR).		
Are you aware that the PPR's apply to policies where the policyholder is:	Yes	No
i) A natural person ii) A juristic person, whose asset value or annual turnover is less than the threshold value of R2 000 000?		
Do you have procedures in place to ensure that the necessary PPR's are applied to relevant policies?	Yes	No

15. Business Operations	
Name of administration system	

I hereby declare that all the details and information furnished in this application, to the best of my knowledge, are true and correct. I have not concealed any material facts relevant to the approval of this application. All information provided in this application will be kept strictly confidential and Lombard will comply at all times with the Protection of Personal Information Act, No 4 of 2013 ("POPI").

Signature

_____ who by his or her signature hereto warrants that he/she is duly authorised to sign this application

Name

_____ Date



Attachments

Please tick where appropriate.

Document Summary	
Please attach a copy of your Company registration documents	
Please attach a copy of your VAT registration documents	
Please attach an original or certified copy of a bank statement (stamped by the bank) not older than 3 months	
Please attach a copy of your FSP license and any annexures thereto	
Please attach a copy of your KI and Rep register, including reps under supervision	
Please attach a copy of your Training and Competency register	
Please attach Proof of Membership to any organisation	
Please attach a copy of the current Premium Collection Guarantee schedule	
Please attach a copy of the Collection Agency's current Premium Collection Guarantee schedule	
Please attach a copy of the current Fidelity Guarantee Schedule	
Please attach a copy of the current Professional Indemnity Schedule	
Please attach a copy of the current TCF Policy	
Please attach a copy of the current POPI Policy	
Please attach a copy of your policy on fees/ charges payable by policyholder to you as the intermediary	
Please attach a copy of the written agreement/ authorization with policyholder, or if telephonic agreement then a copy of the telephonic script and policyholder consent	
Other:	