

MEMBER APPLICATION FORM



Financial Intermediaries Association
of Southern Africa

COMPANY MEMBERSHIP Complete all Pages		INDIVIDUAL MEMBER Complete Pages 1 - 5		ADMIN MEMBER Complete Pages 1 – 5 Main member number	
1. Name of Applicant / Name of chief executive/ proprietor/ senior partner or main contact person		2. Initials	3. Known As	4. Surname	
5. Title	6. Gender				
7. ID Number	8. Preferred Language				
9. Designation					
10. Company Name (FSP) (if applicable)					
11. FAIS License Number / s (Please attach copies of all Licenses)					
12. Compliance Practice & Number		Name		No	
13. Postal Address		Code			
14. Physical Address					
15. Fax Number	16. Telephone Number	17. E-mail Address	18. Cell Number		
19. VAT registration No		20. Company/Close Corporation No (if applicable)			
21. Payment Option- Membership Fee	Monthly debit Order	Annual Payable as per FIA Financial Year 28 February invoiced in March			
22. Payment Option- Group Life	Only Monthly debit Order		Please complete debit order instruction on Page 5		

23. CATEGORY SPLIT AND COMMUNICATION INFORMATION FOR ALL STAFF MEMBERS - TO BE COMPLETED BY ALL MEMBERS

To assist National Office to communicate to everybody please inform us of any changes in your office.

N.B. If there are persons who cannot be clearly described in only one category, it is requested that the number of such persons be divided between the different categories in the proportion of persons who can be so classified, or alternatively in the approximate proportion of those category's income.

NAME, EMAIL, CELL OR CONTACT NO & AREA (Please start with details of Main member /CEO or Main contact person as indicated in Point 1)		Key Ind / Rep / Other Staff	Short-term Personal Lines		Short-term Commercial		Short-term Corporate		Financial Planning - Risk		Financial Planning - Invest		Health Care		Employee Benefits	
				Yes/No		Yes/No		Yes/No		Yes/No		Yes/No		Yes/No		Yes/No
Please indicate % split in category and if this person must receive communication in this category																
a) Name	Email	Key Ind / Rep / Other Staff		Yes/No		Yes/No		Yes/No		Yes/No		Yes/No		Yes/No		Yes/No
Cell No	Area		%		%		%		%		%		%		%	
b) Name	Email	Key Ind / Rep / Other Staff		Yes/No		Yes/No		Yes/No		Yes/No		Yes/No		Yes/No		Yes/No
Cell No	Area		%		%		%		%		%		%		%	
c) Name	Email	Key Ind / Rep / Other Staff		Yes/No		Yes/No		Yes/No		Yes/No		Yes/No		Yes/No		Yes/No
Cell No	Area		%		%		%		%		%		%		%	
d) Name	Email	Key Ind / Rep / Other Staff		Yes/No		Yes/No		Yes/No		Yes/No		Yes/No		Yes/No		Yes/No
Cell No	Area		%		%		%		%		%		%		%	
e) Name	Email	Key Ind / Rep / Other Staff		Yes/No		Yes/No		Yes/No		Yes/No		Yes/No		Yes/No		Yes/No
Cell No	Area		%		%		%		%		%		%		%	

(Please attach a list or another page if the space above is insufficient)

24.	SECTION 45 GUARANTEE - ONLY IF COLLECTING PREMIUM					
(a)	Short-term business – IGF or other guarantee(if applicable)	If you collect premiums on behalf of insurers you require a Section 45 guarantee. Details of the IGF guarantee or other guarantee in terms of Regulations 4.1(1) and (2) and 4.2 Part 4 (Section 45) of the Short-Term Insurance Act, 1998 (Act No 53 of 1998)				
	Amount of Guarantee R		Number		Renewal Date	
(b)	Financial year end					
(c)	Capital Authorised	R		Capital Issued	R	

25.	DECLARATION					
(a)	(i) Have you held or applied for FIA Membership in the past? (If Yes please supply details and answer (ii) & (iii))	YES	NO	N/A		
	(ii) Have you previously claimed for Dreaded Disease?	YES	NO	N/A		
	(iii) Have you previously converted any of your FIA Group Life policies to individual policies?	YES	NO	N/A		
(b)	Have you ever had a civil judgment against you? If Yes please supply details	YES	NO	N/A		
(c)	Have you ever been sequestered? If Yes please supply details	YES	NO	N/A		
(d)	Have you ever been convicted of a criminal offence involving dishonesty e.g. fraud, theft, etc If Yes please supply details	YES	NO	N/A		
(e)	Have you ever been given an "S" reference? If Yes please supply details	YES	NO	N/A		
(f)	DO YOU UNDERTAKE IF ADMITTED TO MEMBERSHIP TO:					
	(i)Partake in the FIA approved PI Scheme with Alexander Forbes and maintain, in full force and effect throughout your membership, Professional Indemnity insurance and Fidelity Guarantee Cover (if applicable). (Please complete additional PI Application form)	YES	NO	N/A		
	(ii)Although the Association prefers you to partake in the FIA scheme you can attach hereto proof of your current PI cover and undertake to supply the Association with a copy of the certificate every year at renewal of the policy.	YES	NO	N/A		
Please supply details of current Professional Indemnity and Fidelity Guarantee Insurance policy						
			Professional Indemnity			
			Fidelity Guarantee			
Insurer (s)						
Policy Number(s)						
Due date(s)						
Period of Insurance		From	To	From	To	
Total sum insured		R		R		
Excess		R		R		
	(iii) Maintain payments to insurers in strict compliance with the requirements of the Insurance Act No. 53 of 1998	YES	NO	N/A		
	(iv) If company Membership - Submit an Annual Declaration Form by not later than 28 February each year	YES	NO	N/A		
	(v) Partake in FIA Group Life scheme if individual or additional member. An amount of R50 000 is compulsory until age 55. (Please complete additional Group Scheme Application and NMR Declaration)	YES	NO	N/A		

26.	References				
Please name those insurance companies with which you conduct business to whom reference may be made concerning this application					
	Name	Address	Telephone No.	Name of Contact Person	Agency No.
(a)					
(b)					
(c)					
(d)					

27.	Application and Undertaking
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I/ We the undersigned do hereby apply for membership of the Financial Intermediaries Association of Southern Africa (Association incorporated under Section 21) ("The Association") and undertake, if admitted, to be bound by the terms and conditions set out in the Association Agreement of the Association, together with all Schedules thereto, entered into between the first members of the Association. I/ We acknowledge that it is a condition of my/ our membership of the Association that I/we agree to be bound by the Association Agreement and to subscribe to the Code of Conduct and Practice of the Association and to the rules, regulations and by-laws made there under. I/ We further undertake to abide by any decision which may be reached by the Association's Compliance Committee in disputes in which I/ we may be involved.

I/ We further undertake to advise the Association of any changes in the business or its conduct or in the information given in this application form, which changes might reasonably be expected to influence the decision of the Association concerning my/ our continued membership of the Association, and to pay promptly all amounts due to the Association.

In the event of my/our termination of membership, I /we undertake to give the Association 1 (one) calendar month notice and will remove the Association's logo from my/our letterheads and stationery and to return the membership certificate to the Association.

I/ We authorise the Financial Intermediaries Association of Southern Africa to make any enquiries it deems necessary from any insurance institution or broker by whom or with whom I/ we am / or have been employed or associated as an intermediary or in a similar capacity as well as from any reference agency or any other party as may be deemed necessary by the Association in this regard and I /we authorise all such institutions to furnish full and complete replies to these enquiries.

I / We acknowledge the requirements as laid down in chapter (II) of the Financial Advisory and Intermediary Services Act, Act no 37 of 2002 whereby an applicant for a license in terms of the Act may be required to have information verified as may be deemed necessary and I/ we hereby furnish my / our consent to the Association making such enquiries from any credit reference agency and any other party as may be deemed necessary in this regard.

Signed at		Date	
Name		Capacity	

28.	The Applicant to be proposed and seconded by members of the Association.
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To the best of my knowledge and belief the above questions are answered correctly, and in my opinion the applicant is a suitable company/ close corporation/ firm to be admitted to membership of the Association.

	Proposed	Seconded
Name / Company name		
Date		
Period Applicant known to proposer or Seconder		
Signed		

29.	DEBIT ORDER INTRUCTION
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I / We authorise the FIA to debit my Bank Account with:

FIA membership fees	R
FIA Branch Fee (as determined at the AGM of the Branch) Compulsory	R

Name of Account holder	
Name of Bank	
Account No	
Type of Account	
Branch Name	
Branch Code	
Signature of Account holder	
Date	

PLEASE COMPLETE THE FOLLOWING TWO PAGES IF COMPANY MEMBERSHIP APPLICATION

30. ADDITIONAL DETAILS IF APPLICANT IS COMPANY			
30.1. DIRECTORS & SHARE HOLDING			
a). Name of Other Directors/ Shareholders	TITLE	INITIALS	SURNAME
% of Total Shares	LANGUAGE	ID NUMBER	KNOWN AS
Fax Number	E-mail Address		Telephone Number/Cell No
b). Name of other Directors/ Share holders	TITLE	INITIALS	SURNAME
% of Total Shares	LANGUAGE	ID NUMBER	KNOWN AS
Fax Number	E-mail Address		Telephone Number/Cell no

(Please attach a list if the space above is insufficient)

If membership is in the name of a company it is incumbent on any member to notify the Association of a change in shareholding or partnership or membership control within three months of such change and to submit a fresh application for membership within this period. In the event that any member is subject to a change in control or ownership, such member shall cease to be a member of the Association and will be required to re-apply for membership of the Association.

30.2. Organogram In the event of the applicant being part of a group of companies or firms, please attach an organogram showing the relationship and shareholding / ownership within the group.
30.3. Subsidiary companies (as defined in the Companies Act) and other entities (e.g. close corporations, divisions) to be included in the membership at inception. (If necessary, supply additional information on a separate sheet).

Note: The Association must be advised of additional subsidiaries, including numbers of staff and evidence of Professional Indemnity and Fidelity Guarantee Cover for that company before they can be admitted to membership.

30.4. Places where business carried on	Location (Physical Address)
(a) Head office	
(b) Branch offices (if any)	
(c) Branch offices (if any)	
(d) Branch offices (if any)	
Trading Name	

31.	DECLARATION OF COMMISSION/FEE INCOME - IF COMPANY MEMBERSHIP
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NAME OF MEMBER/ COMPANY/ CLOSE CORPORATION / FIRM

VAT NO:	
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COMMISSION / FEE INCOME (As at most recent financial year end)	(Please insert a tick)
Up to R 1 500 000	B
R 1 500 001 to R 2 500 000	C
R 2 500 001 to R 5 000 000	D
R 5 000 001 to R 7 500 000	E
R 7 500 001 to R10 000 000	EE
R10 000 001 to R15 000 000	F
R15 000 001 to R20 000 000	FF
R20 000 001 to R27 500 000	G
R27 500 001 to R35 000 000	GG
R35 000 001 to R45 000 000	H
R45 000 001 to R55 000 000	HH
R55 000 001 to R67 500 000	I
R67 500 001 to R80 000 000	II
R80 000 001 Plus	J

CERTIFIED TRUE AND CORRECT. I understand that the firm will be billed in accordance with the band of commission / fee income as indicated above.

SIGNED	
NAME OF AUTHORISED PERSON	
POSITION OF AUTHORISED PERSON	
DATE	

BRANCH USE

Branch				
Date Received by Branch				
Date recommended by Branch				
Branch Chairperson Name				
Signature		Date		
Member Type				
References Checked				
a)				
b)				
c)				
d)				
All required documents attached	Copy - FSB License	Yes	No	N/A
	PI Application or copy of certificate	Yes	No	N/A
	Group Scheme Application and NMR Declaration	Yes	No	N/A
Nominator Name				
Signed at		Date		
Signature				

NATIONAL OFFICE USE

Date Received by National Office	
Commencement date of Schemes	
Date of 1st Debit Order	
Membership number	