

APPLICATION FOR AGENCY/BROKERAGE

Part 1: Profile of the Applicant ('the Applicant/the Business')

1a	Full/Registered trading name		
1b	Date of Birth/When was the business founded?		
1c	Years of experience in the Short-Term industry?		
1d	How are you/ the business registered with Namfisa?	<input type="checkbox"/>	Insurance Agent, or
		<input type="checkbox"/>	Insurance Broker
1e	How much premium does the applicant anticipate placing with Hollard during the first 12 months?	N\$	
<p>TAKE NOTE: Hollard reserves the right to determine the minimum GWP for the first 12 or 24 months upon granting of this Agency. Failure to meet the minimum may result in cancellation of the Agency. Any business generated up to cancellation date will be transferred to Hollard directly.</p>			
1f	Are you/ the business registered for VAT?	YES / NO	
1g	In which form do you/ the business operate?	<input type="checkbox"/>	Sole proprietor
		<input type="checkbox"/>	Close Corporation
		<input type="checkbox"/>	Private Company
		<input type="checkbox"/>	Public Company
		<input type="checkbox"/>	Foreign Company/Branch
		<input type="checkbox"/>	Trust
		<input type="checkbox"/>	Partnership
		<input type="checkbox"/>	Other (provide details):
1h	In which area(s) of Namibia will you/the business be operating in?	<input type="checkbox"/>	Central
		<input type="checkbox"/>	Coast
		<input type="checkbox"/>	Central North
		<input type="checkbox"/>	High North
		<input type="checkbox"/>	South
1i	At which branches of Hollard will you/the business require an agency?	<input type="checkbox"/>	Windhoek
		<input type="checkbox"/>	Walvis Bay
		<input type="checkbox"/>	Otjiwarongo
		<input type="checkbox"/>	Oshakati
		<input type="checkbox"/>	Rundu
		<input type="checkbox"/>	Tsumeb
		<input type="checkbox"/>	Mariental
		<input type="checkbox"/>	Keetmanshoop
1j	Which classes/areas of Short-Term insurance do you/ the business focus on?	<input type="checkbox"/>	Personal Lines
		<input type="checkbox"/>	Commercial
		<input type="checkbox"/>	Corporate
		<input type="checkbox"/>	Tourism
1k	Particulars of bank account (for payment of commission)	Account name	
		Banker	
		Account number	
		Branch code	
		Account type	
1l	Who are to be recorded as key contact persons for and on behalf of the Applicant?	Management Level	Name
			Email address
			Tel/nr
		Finance Level	Name
			Email address
			Tel/nr

Part 2: Documentation to be attached to this Application Form		
2a	ID/Passport of the agent or <u>all</u> the Directors/Members/Partners/Trustees/etc in the business.	
2b	FIA Records of required for yourself or the <u>business</u> (the legal entity/brokerage)	(All annexure as listed on page 3)
2c	Abridged CV of the applicant or <u>controlling</u> person(s) in the business	(CEO/MD/GM/Managing Partner – as the case may be)
2d	**Proof of <u>valid</u> professional indemnity insurance	(Cover note / Policy Schedule)
2e	**Valid NIBA/AIM Certificate	
2f	Valid NAMFISA Certificates	(Iro the business <u>and</u> all brokers in the business)
2g	Proof of trading address	(Letterhead/fitness certificate/municipal bill or the like)
2h	Logo of the business	(In electronic format for insertion in Intermediary Agreement)

**** NOT REQUIRED FOR AGENTS**

Part 3: Declaration by the Applicant			
3a	Has any financial services agency held by the you and/or the business and/or any key person of the business ever been suspended or cancelled by any Short Term and/or Long Term Insurer in Namibia or any other country?	NO	YES Provide details
3b	Has any registration in your name and/or that of the business and/or that of any key person of the business ever been suspended or cancelled by NAMFISA, LAAN, AIM or any similar regulatory body and/or association in Namibia or any other country?	NO	YES Provide details
3c	Are you and all employees of the business who offer insurance products and services to the public:	NO Provide details	YES
	• duly registered with NAMFISA to provide financial services to the public?	NO Provide details	YES
	• familiar with the Financial Intelligence Act (FIA) and all related legislation pertaining to prevention and combating of money-laundering, financing of terrorism activities and proliferation financing, and in agreement to perform client identification (KYC) procedures as prescribed by FIA for and on behalf of Hollard where Hollard is not permitted to engage directly with your client?	NO Provide details	YES
3d	• in agreement to abide by Hollard’s terms and conditions as set out in the Agency Agreement, as amended from time to time, and to utilize the prescribed procedures and IT platforms?	NO Provide details	YES
	Are you and/or the business and/or any key person of the business conflicted in any way with regards to services offered by or to Hollard (e.g. ownership in any business who is engaged by Hollard for the supply of services, family/friends who are employed by Hollard, etc)?	NO	YES Provide details
Particulars to YES response 3a:			
Particulars to YES response 3b:			
Particulars to any NO responses in 3c:			
Particulars to any NO responses in 3d:			
Signed at _____ on _____			
APPLICANT			

Office use			
APPROVED			DECLINED
Effective date		VAT Vendor	Yes / No
12-month GWP target	N\$	KYC approved	Yes / No
24-month GWP target	N\$		
Branches	As per 1i, page 1.		
Classes	As per 1j, page 1.		
Intermediary contract type	Standard Cash Collection Mandate		
Name of marketer			
Reason(s) for decline:			
Authorised & Processed			
_____ BRANCH MANAGER Date:		_____ MANAGING DIRECTOR Date:	
		_____ for LEGAL & COMPLIANCE Date:	
		_____ for IT/SYSTEMS Date:	

Documents required per legal entity type

COMPANIES

- 1) Latest CM23 (Annual Return as lodged with Ministry of Trade & Industry)
- 2) CM1 – Certificate of Incorporation
- 3) CM9 – Certificate of Name Change (if any)
- 4) CM8 – Defensive name (if different to registered name)
- 5) Proof of Bank Account (bank letter of bank statement)
- 6) Tax Certificate
- 7) VAT Certificate (if the business is a VAT vendor)
- 8) Utilities bill/Lease Agreement/Deed of transfer/Title deed (in the name of the business, confirming operating address)
- 9) Beneficial Owners (with an interest of 20% or more in the business):
 - 9.1) **NATURAL PERSONS:** ID/Passport/Full Abridged Birth Certificate (in order of preference)
 - 9.2) **LEGAL ENTITIES:** Certificate of Incorporation + Register of Directors/Members (as the case may be)
- 10) FIA Form 1 + ID/Passport (in order of preference) for the Representative (where not a Director, Beneficial Owner or Decision maker)
- 11) Proxy letter or Resolution by the Company nominating its FIA/insurance representative

CLOSE CORPORATIONS (CC)

- 1) CC1 – Founding Statement, containing Certificate of Incorporation on page 8.
- 2) CC2 – Latest Amended Founding Statement
- 3) CM8 – Defensive name (if different to registered name)
- 4) Proof of Bank Account (bank letter of bank statement)
- 5) Tax Certificate
- 6) VAT Certificate (if the business is a VAT vendor)
- 7) Utilities bill/Lease Agreement/Deed of transfer/Title deed (in the name of the business, confirming operating address)
- 8) Beneficial Owners (with an interest of 20% or more in the business):
 - 8.1) **NATURAL PERSONS:** ID/Passport/Full Abridged Birth Certificate (in order of preference)
 - 8.2) **LEGAL ENTITIES:** Certificate of Incorporation + Register of Directors/Members (as the case may be)
- 9) FIA Form 1 + ID/Passport for the Representative (where not a Member, Beneficial Owner or Decision maker)
- 10) Proxy letter or Resolution by the Company nominating its FIA/insurance representative

PARTNERSHIPS

- 1) Control & Ownership Structure (indicating Beneficial Owners, CEO/Executive Manager)
- 2) Partnerships Agreement
- 3) Proof of Bank Account (bank letter of bank statement)
- 4) Tax Certificate
- 5) VAT Certificate (if the business is a VAT vendor)
- 6) ID's of all partners
- 7) Utilities bill/Lease Agreement/Deed of transfer/Title deed (in the name of the partnership, confirming operating address)
- 8) FIA Form 1 + ID/Passport (in order of preference) for every Partner.
- 9) FIA Form 1 + ID/Passport (in order of preference) for the Representative (where not a Partner or Decision-maker)
- 10) Proxy letter or Resolution by the Partnership nominating its FIA/insurance representative

FIA FORM 1
NATURAL PERSONS

What is the capacity of the Person herein "identified"? Tick within the appropriate block to the right.	Note 1	<input type="checkbox"/>	Representative
	Note 2	<input type="checkbox"/>	Beneficial owner (owning 20%, or with majority vote)
		<input type="checkbox"/>	Director of a Company
		<input type="checkbox"/>	Member of a Close Corporation
		<input type="checkbox"/>	Partner in a Partnership
		<input type="checkbox"/>	Founder of a Trust
		<input type="checkbox"/>	Member of any other entity (Association, NGO etc.)
	Note 3	<input type="checkbox"/>	Decision maker (Manager/Trustee/Non-Executive Director)

Based on the capacity indicator(s) above, supply the following information:	Note 1	What is the nature of representation?	
	Note 2	How much voting right (ownership) does the Person hold?	
	Note 3	What position does the Person hold?	

Supply full particulars of the Person herein "identified":

Surname	
Previous surname	
Full names	
Title	
Date of birth	
Nationality	
Identity number	
Passport number & expiry date	<i>(Where no ID is supplied)</i>
Occupation	
Employer & office address	
Email address	
Contact number	
Residential address	
Postal address	

DOCUMENTS TO BE ATTACHED TO THIS FORM

<input type="checkbox"/>	Namibian ID document OR;
<input type="checkbox"/>	Passport (in order of preference)

Signed at _____ on _____
APPLICANT