

APPLICATION FOR BROKER AGREEMENT

SECTION A: FOR OFFICE USE ONLY

Supporting documents list which must accompany the form:

- Company registration certificate
- Copies of ID document and accreditation certificates (BR certificate)
- Organisation accreditation (ORG certificate)
- FAIS License certificate (FSB)
- VAT registration certificate copy
- Proof of banking details not older than 3 months
- If you are registered for tax please include the income tax certificate copy

Are the relevant documents attached?

Yes	No
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐

SECTION B: BROKER DETAILS

Registered name and registered number of broker/name in which individual contract should be issued:	fbfbf
Broker structure (e.g. company, partnership or one-man business):	
Registration number of broker (company or close corporation):	
Note: Please attach a copy of your registration certificate.	
Name of contact person:	Capacity:

NAME(S) OF BROKER(S) WHO WILL SELL SIZWE HOSMED PRODUCTS

Name	ID Number	Accreditation number	Accreditation expiry date

Note: Please attach document if more space is required as well as copies of ID documents and accreditation certificates.

Do you require sub broker codes for all of these brokers? Yes ☐ No ☐

ADDRESS AND CONTACT DETAILS

Street address:				Postal Code:
Postal address:				Postal Code:
Tel (h):	(w):	(Cell):		
Email:				
Do you have internet access?				Yes ☐ No ☐

ADDITIONAL INFORMATION

Is the entity in which you are applying accredited by the Council for Medical Schemes?

Yes

No

Entity accreditation number:

Registration expiry date:

Note: Please attach a copy of your organization accreditation certificate.

Do you have a FAIS license?

Yes

No

Note: Please attach a copy of your FAIS licence and proof of Health Service Benefits authorisation - code

1/16/A/B.

Date when brokerage started:

Are you registered for VAT?

Yes

No

VAT registration no.:

Note: Please attach a copy of your VAT registration certificate.

Which geographical area is served by the brokerage?

Which products or services are currently marketed by the brokerage?

Addresses of branch offices, if any:

BANK DETAILS

Account holder				
Account number	Account type (please mark appropriately)	Current	Transmission	Savings
Name of bank				
Branch				
Branch code				
Debit order run date				

Note: Please attach a bank confirmation letter or bank statement as proof

Which life insurance companies are represented by the brokerage?

Name of insurer(s)	Contact person(s)
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Has any healthcare insurer ever refused to enter into a broker agreement with you?

Yes

No

If YES, supply details:

PRODUCTION FIGURES

Size of current medical aid portfolio (ie. number of principal members):
Average number of principal members recruited per month over the last 12 months:
Number of medical schemes you are contracted to:

Has any healthcare insurer ever cancelled a broker agreement with you? Yes ☐ No ☐

If YES, supply details:

Note: In terms of the rules of the LOA, no member may accept new business from someone before the concerned member has registered that person as an intermediary or whose name is indicated with an "S" reference.

First name and initials:
Surname
Identity no.:
Are you married in or out of community of property? ☐ In ☐ Out
Residential address
Postal Code

First name and initials:
Surname
Identity no.:
Are you married in or out of community of property? ☐ In ☐ Out
Residential address
Postal Code

First name and initials:
Surname
Identity no.:
Are you married in or out of community of property? ☐ In ☐ Out
Residential address
Postal Code

First name and initials:
Surname
Identity no.:
Are you married in or out of community of property? ☐ In ☐ Out
Residential address
Postal Code

Are or have any of the persons mentioned in the earlier question, "Has any insurer ever cancelled a broker agreement with you?" ever been insolvent or has a compromise ever been made with creditors? Yes ☐ No ☐

If YES, supply details:

Have the person(s) mentioned above been rehabilitated?

Yes

No

I/We declare that these questions have been answered completely and truthfully. I/ We authorise Sizwe Hosmed, where necessary, direct enquiries to persons or organisations with which I/we have been connected in some way or another. I/We authorise such organisations to supply complete answers to Sizwe Hosmed enquiries. If a broker's contract is granted to me/us, I/we undertake to inform immediately about the change in directors/partners/owners as well as about any changes of the addresses. I/We subject myself/ourselves to all rules and out the change in directors/partners/ owners as well as about any changes of the addresses. I/We subject myself/ourselves to all rules and provisions laid down by Sizwe Hosmed. Furthermore, I/we agree that this application forms part of my/our agreement and surety with Sizwe Hosmed.

Signed at

dfvdvvvdv

Date

Signature

Name (in print):

Designation:

BROKER PORTAL REGISTRATION APPLICATION

PORTAL REGISTRATION AND HIERARCHY

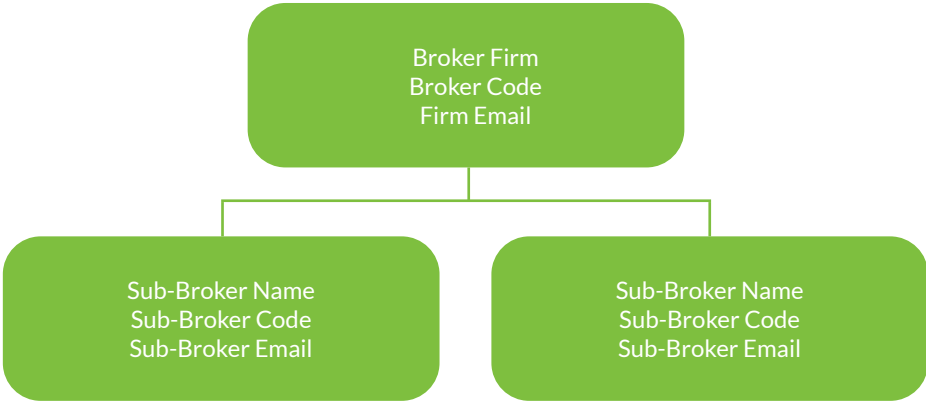
Registration of the brokerage firm

The brokerage firm is registered with their own contact details and email address. Registration will allow full member functionality access including view of monthly commission totals and a commission query submission functionality.

Register a sub-broker operating under the broker firm

- A sub-broker is registered with their own contact details and will have full view of members registered under their code only.
- A member can only have one sub-broker code allocated.
- The email address registered with the broker firm and sub-broker is important as this is where response communications generated from the portal will be directed to (e.g.. Reference numbers, replies)

Example of the broker registration hierarchy



SECTION A: REQUIRED SUPPORTING DOCUMENTS:

Broker firm registration: ORG CMS Certificate, FAIS registration document, KI BR Certificate, KI ID copy

Sub-broker registration: BR Certificate, FAIS registration, Sub-broker ID Copy

(The completed application and supporting documents may be submitted to brokers@sizwehosmed.co.za)

SECTION B: FOR BROKER FIRM REGISTRATION COMPLETE THE BELOW:

The Broker firm KI will have access to full view of commission statements. Monthly commission statements will generate to this designated contact address.

Name of brokerage:

Sizwe-Hosmed Broker Firm Code:

Brokerage registration number FAIS:

Name of KI for registration:

KI Email:

KI mobile number:

CMS organisation number:

SECTION C: FOR SUB-BROKER REGISTRATION OR RESIGNATION:

Tick the relevant box

New sub-broker registration request	
Resignation of sub-broker request	

Sizwe-Hosmed broker firm name:	
Sizwe-Hosmed Broker Firm Code:	
Name of sub-broker to be added/resigned:	
Sub-broker CMS registration number:	
Sub-broker contact email:	
Sub-broker Contact mobile number:	

Note: If there are multiple sub-brokers allocated to the broker firm, please attach a list of memberships or paypoints to be allocated to the sub-broker.

Signature Date

Print Name of Key Individual/authorised person submitting the request	
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Designation: Contact:

FOR INTERNAL USE ONLY

Activation date:	Resigned date:
Broker FAIS no:	
Access granted to system:	Access resigned:
Helpdesk call ID:	

Allocated security level:

Date completed:	Completed by:
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PLEASE COMPLETE ALL REQUESTED INFORMATION AND EMAIL TO (brokers@sizwehosmed.co.za)