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E-mail: info@sauma.org
Website: www.sauma.org

South African Underwriting Managers Association
(Association Incorporated Under Section 21)

APPLICATION FOR MEMBERSHIP

NB CRITERIA FOR MEMBERSHIP OF SAUMA

- a) Satisfactory answers to the questions in the Application form.
- b) Satisfactory Credit Reports By Kreditinform (Pty) Ltd on the **applicant company and its directors**. Please arrange for each director to sign the letter as per attached, addressed to Kreditinform and fax to (011) 532-2868.
- c) Professional Indemnity cover: Minimum Limit of R5-million
Fidelity Guarantee Cover Minimum Limit of R1-million
- d) Directors, Members and Officers to be "Fit and Proper" and of good standing in the Insurance Community

1. NAME OF APPLICANT

2. POSTAL ADDRESS

3. PHYSICAL ADDRESS

4. FAIS LICENCE NUMBER

5. E-MAIL & WEBSITE ADDRESS

/ www.

6. TELEPHONE NUMBER

7. FAX NUMBER

8. CELL NUMBER

9. DETAILS OF SUBSIDIARIES / ASSOCIATED COMPANIES

10. DATE BUSINESS ESTABLISHED _____

11. COMPANY / CLOSE CORPORATION REGISTRATION NUMBER

12. FINANCIAL YEAR END

13. NAME OF CHIEF EXECUTIVE / SENIOR MEMBER (Detail ID No.)

_____ ID NO. _____

14. NAMES OF SHAREHOLDERS, DIRECTORS AND IF CLOSE CORPORATION, MEMBERS (detail ID No's)

_____ ID NO. _____

_____ ID NO. _____

_____ ID NO. _____

_____ ID NO. _____

_____ ID NO. _____

15. NAME AND ADDRESS OF YOUR AUDITOR / PUBLIC ACCOUNTANT

16. NAME AND ADDRESS OF YOUR BANKERS

17. NAMES OF YOUR INSURER/S (PRINCIPAL/S) AND CLASSES OF INSURANCE UNDERWRITTEN

(Please also answer the following a) What functions do you perform for your Insurer/s; b) How are you remunerated; c) Please provide a Summary of your mandate from each Insurer).

18. PROOF OF YOUR UNDERWRITING CONTRACT/S WITH THE ABOVE

Letter from the CEO of your Principal/s will suffice (if you underwrite for Lloyds insert name/s of Lloyds Syndicate/s and the Underwriting Contract No/s.)

19. YOU ARE REQUIRED TO HAVE COVER IN FORCE IN RESPECT OF THE FOLLOWING:

a) PROFESSIONAL INDEMNITY _____

b) FIDELITY GUARANTEE _____

Insert the name/s of the Insurer/s and the limit of liability/sum insured)

20. SECURITY FOR COLLECTION OF PREMIUMS

The underwriting managers, brokers and insurers have to comply with the legal requirement to have in force a guarantee in respect of the collection and handling of insurance premiums by intermediaries (refer to Part 4 of the "Regulations under the Short-Term Insurance Act).

21. HAVE YOU EVER MADE A CLAIM UNDER YOUR PROFESSIONAL LIABILITY OR FIDELITY GUARANTEE POLICY/S ? IF SO, GIVE DETAILS

22. HAS THE APPLICANT COMPANY OR ANY OF YOUR DIRECTORS, MEMBERS OR SHAREHOLDERS EVER BEEN INSOLVENT OR COMPOUNDED WITH CREDITORS? IF SO, GIVE DETAILS

23. ARE THERE ANY OTHER FACTS OR INFORMATION NOT DISCLOSED HEREIN WHICH ARE RELEVANT OR IN ANY WAY MATERIAL TO THE EVALUATION OR ELIGIBILITY FOR YOUR MEMBERSHIP OF SAUMA? IF SO, GIVE DETAILS

24. APPLICATION AND UNDERTAKING

I/WE THE UNDERSIGNED, DO HEREBY APPLY FOR MEMBERSHIP OF SAUMA MANAGERS (REGISTRATION NO. 1999/025689/08) AND UNDERTAKE, IF ADMITTED, TO ABIDE BY THE CODE OF CONDUCT AND PRACTICE OF SAUMA AND ANY RULES AND REGULATIONS MADE THEREUNDER. I/WE FURTHER AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THE MEMBER' AGREEMENT OF SAUMA, AS AMENDED FROM TIME TO TIME, IF ADMITTED AS A MEMBER OF SAUMA.

I/WE FURTHER UNDERTAKE TO ADVISE SAUMA 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 SAUMA CONCERNING MY/OUR CONTINUED MEMBERSHIP OF SAUMA, AND TO PAY PROMPTLY ALL AMOUNTS DUE TO SAUMA.

I/WE AUTHORISE SAUMA TO MAKE ANY ENQUIRIES IT DEEMS NECESSARY IN RELATION TO THIS APPLICATION.

(Print Name) _____ **CAPACITY** _____

SIGNED _____ **DATE** _____

All information contained in this application will be private and confidential and will only be used for the purposes of application for membership at The South African Underwriting Managers Association.

Per Facsimile : (011) 532-2868

Kreditinform (Pty) Limited
PO Box 1001
Randburg
2125

Company Name.....

have applied for membership of SAUMA Managers. To comply with Kreditinform's requirements I hereby agree that Kreditinform (Pty) Limited may do an Experian credit check on myself.

Yours faithfully,

Name (Print) :

Sign :

Name (Print) :

Sign :

Name (Print) :

Sign :

Name (Print) :

Sign :

Name (Print) :

Sign :