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| **APPLICATION FORM IF074**  **APPLICATION IN TERMS OF SECTION 5(9) OF THE INSURANCE ACT, NO. 18 OF 2018** |

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| **Purpose of this document**  This application form needs to be completed by a person (other than an insurer licenced under the Insurance Act, No. 18 of 2017 (the Act)) when applying for approval to use the word “assure”, “insure” or “underwrite”, or any derivative thereof, in the business or undertaking name or description, as required in terms of section 5(9) of the Act. |

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| **Important information to complete this form**  Before completing this form, read the Fact Sheet Application and Notification Forms (Fact Sheet) available on the website of the South African Reserve Bank (SARB). The Fact Sheet contains important information on consent and declarations required, attached hereto as **Annexure A**. Please note: this application could include a prescribed fee, in accordance with [Prudential Standard IAF](http://www.resbank.co.za/PrudentialAuthority/Insurers/Post%20Insurance%20Act/Legislation%20and%20Regulatory%20instruments/Prudential%20Standards/Documents/Prudential%20Standard%20IAF.pdf), 2019 with the process for payment found [here](http://www.resbank.co.za/PrudentialAuthority/Insurers/Post%20Insurance%20Act/Legislation%20and%20Regulatory%20instruments/Prudential%20Standards/Documents/Process%20for%20payment%20of%20fees%20prescribed%20in%20terms%20of%20the%20Insurance%20Act.pdf). |

## Applicant information and reason for application

* 1. Applicant information:

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| **Applicant Name** |  |
| **Applicant’s Identity number/Registration number** |  |
| **Business or Undertaking registration number** |  |

#### Will the applicant be applying for an FSP name change as a result of this application?

**No**

**Yes**

#### Where the applicant does not have an FSP number, will it be applying under the FAIS Act to be authorised as an FSP?

**No**

**Yes**

* 1. Describe the reason(s) for seeking this approval

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* 1. State the existing description of the business or undertaking

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## Contact and Basic Information

* 1. Contact details of the applicant or a person acting on behalf of applicant

The contact details provided must be of a person who is either an applicant or authorised by the applicant to make the application and not a professional advisor (e.g. consultants, auditors, actuaries and/or lawyers).

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| **Title/Entity type** |  |
| **First names/Entity name** |  |
| **Identity number/Entity registration number** |  |
| **Position/Date of resolution** |  |
| **Business address** |  |
| **Contact number** |  |
| **Email address** |  |

* 1. Details of professional advisors

#### Did you use third-party professional advisors (e.g. the consultants, auditors, actuaries and/or lawyers) to help with the completion of this form?

**No** 🡺 Continue to section 2.3

**Yes** 🡺 Complete the remainder of this section

#### Provide the name and contact details of the third-party professional advisor(s) used.

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| **Name of firm** |  |
| **Title** |  |
| **First names** |  |
| **Surname** |  |
| **Position** |  |
| **Business address** |  |
| **Contact number** |  |
| **Email address** |  |

* 1. Other information

#### Is there any additional information that is not requested elsewhere in this form that might be relevant to the assessment of this application?

**No** 🡺 Continue to section 3

**Yes** 🡺 Complete question 2.3.2

#### Provide a summary or list of the additional information, including the reasons for providing this additional information and attach to this form (refer to section 4.2 below)

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## Specific Information

* 1. State whether the business or undertaking in section 1.1 is a:

Company  Close Corporation  Partnership

Sole proprietorship  Other

Please indicate a “**YES**” or “**NO**” where it is applicable and where “**Other**” is applicable, please specify below

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* 1. Information relating to the name or description to be applied

#### State the proposed name and/or description which the person wants to apply to its business or undertaking that includes the word “insure”, “assure”, “underwrite” or any derivative thereof.

1. Proposed name

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1. Proposed description

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#### Motivate why you believe that approval under this application should be granted.

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* 1. Is the applicant in the process of, or intending to be, applying for the registration as an insurer?

**No**

**Yes**

* 1. If the answer to 3.3 is “YES”, please provide more information

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## Attachment Checklist

* 1. Compulsory attachments

Complete the following table with details of the attachments provided.

| **Attachment Number** | **Question Number** | **Description** | **Number of pages/sheets** | **Attached** |
| --- | --- | --- | --- | --- |
| A1 | 1.1 | Proof of entity registration (where applicable) |  |  |
| A2 | 1.1 | Proof of registration as FSP under the FAIS Act (where applicable) |  |  |
| A3 | 3.2.1(a) | Proof that the name, for which the applicant is seeking approval, has been reserved at the Companies and Intellectual Property Commission (CIPC) |  |  |
| A4 | 3.3 | Proof that an application is processed for an insurer to be registered under the Insurance Act, 18 of 2017 (Insurance Act) (where applicable) |  |  |

* 1. Other Attachments

Complete the following table with details of the attachments provided, also indicating the number of pages/sheets of each attachment. For example, attachments might be required if there was not sufficient space to include the information in the form itself or if your responses in this form refer to external documents. Add additional rows for each attachment included:

| **Attachment Number** | **Question Number** | **Description** | **Number of pages/sheets** | **Attached** |
| --- | --- | --- | --- | --- |
| e.g. B1 | 2.2 | Contact details of professional advisors | 8 |  |

## Annexure A - Consent and Declarations

To accurately assess the application, information provided must be accurate and complete, and may be verified and shared with other regulatory authorities.

**Consent form**

I, duly authorised by the board of the directors of the entity, hereby:

1. Consent to the Prudential Authority and its duly authorised agent verifying or confirming any information provided in and / or in support of this application with any person.
2. Authorise any person referred to in paragraph 1 above to furnish information regarding this application to the Prudential Authority and its duly authorised agent.
3. Unconditionally indemnify the Prudential Authority, its agent and any person/s against any liability that may result from furnishing information regarding this application to the Prudential Authority.
4. Consent to the Prudential Authority sharing information provided in and / or in support of this application with a regulatory authority (as defined in the Financial Sector Regulation Act, 2017).

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| --- | --- |
| **Title** |  |
| **Name** |  |
| **Surname** |  |
| **Position** |  |
| **Signature** |  |
| **Date of signature** | YYYY/MM/DD |

### **Declaration by person submitting the form**

I confirm that:

1. I am duly authorised to make the application or notification on behalf of the entity.
2. I have attached all the documents listed in the application or notification form.
3. I will inform the Prudential Authority if, subsequent to submitting the form, any of the information contained herein becomes materially inaccurate.

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| **Title** |  |
| **Name** |  |
| **Surname** |  |
| **Position** |  |
| **Signature** |  |
| **Date of signature** | YYYY/MM/DD |