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Constantia Office Park
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Weltevreden Park, 1709
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Intermediary's information for a bank guarantee in terms of Regulation 4, Section 45 of the Short Term Insurance Act, 1998

Each and every question must be answered in full and where a tick box requires further amplification; such information must be fully supplemented.

1. (a) Name of intermediary
(b) Contact person
Principal place of business
(i) Physical address
Postal Code
(ii) Postal address
Postal Code
Telephone number ()
Telefax number ()
Email / Internet address
(c) Financial year end as at: month: year:
(d) FIA member:
(e) FSP Number:

2. Intermediary

- (a) Type of business
Proprietary Limited - (PTY) LTD
Public Limited - LTD
Close Corporation - CC
Sole Proprietor
Trust
Other - Specify

(b) Company or close corporation registration number (if applicable)
(c) Date business established
(d) Full names and identity numbers of directors and shareholders/partners/members of a close corporation and their respective percentage holding in the entity (attach a separate schedule if space insufficient)

