

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 ()

Fax number ()

Email / Internet address

(c) Financial year end as at: month: year:

(d) SAFSIA member: YES NO

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)