



Please complete in Black Ink and use large block letters. Where there are YES/NO questions mark like this: [Y] for a Yes answer and [N] for No answer. Where there are tick boxes, mark with a tick.

APPLICATION FOR BROKER CONTRACT

Full name of brokerage

Registration number

Trading name(if applicable)

Type of business

Physical address

Postal address Postal code

E-mail address

Council accreditation number (attach copy) O R G

FSB Licence Number (attach copy)

VAT registration number (attach copy)

Telephone number

Fax number

Date established

Particulars of directors, partners or members and all sales people nominated to sell Pathfinder Medical Scheme products

Surname	First name	I.D. no. or passport no.	Capacity	Council accreditation number (attach copies)
				BR
				BR
				BR
				BR
				BR

A separate list of names may be attached if the above space is insufficient
 Note: please attach copy of I.D. or passport of each salesperson together with individual accreditation certificate)

Banking details
 (Commission will be credited to this account. Please ensure details are correct.)
 Please attach cancelled cheque of brokerage

Name of account holder

Account number

Type of account

Bank Branch

Branch code



