



**APPLICATION FORM:
ACCREDITATION OF AN ORGANISATION AS A BROKER**

(For use by companies and other organisations (legal persons) operating as brokers in terms of section 65 of the Medical Schemes Act and section 1 of the Regulations. Individual brokers who operate as sole proprietors or similar entities must complete this form as well as the application form for accreditation as a Broker)

Section A (Organisation details)

1. Full name of company/organisation: _____
2. Registration no of entity (if applicable): _____ / _____ / _____
3. State the translated, abbreviated name, trading name or derivative, if any, of the name in question 1.

a) Translated:	b) Abbreviated:
c) Trading name:	d) Derivative:

4. Furnish the particulars of the head office of the applicant broker organisation:

(a) Physical address: _____ _____ _____ _____	(b) Postal address: _____ _____ _____ _____
(c) E-mail: _____	
(d) Website address: _____	
(e) Telephone: _____ (f) Telefax: _____	

5. Accreditation number previously allocated if applicable.

6. Financial Services Board license number:



7. State names, identity numbers and nationality of directors / members:

Name:	ID Number:	Nationality:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Questions 8 to 15 below refer to the person who is the head of the broker organisation: (Note that a *curriculum vitae* must be supplied for this person.)

8. Full name: _____

9. Designation: _____

10. Identity no: _____

11. Home address : _____

12. Postal address: _____

13. Telephone no: _____ (Office) _____ (Home)

14. Cell no: _____ Fax no: _____

15. E- mail address: _____

16. Names of all brokers and apprentice brokers employed by the organization (*These brokers must be individually accredited or their applications for accreditation must accompany this form*)

Initials and surname	Identity number	Accreditation No.



Section B: (Manner of providing broker services) (Please mark the appropriate box)

17. Are you or will you provide broker services directly to medical schemes? YES NO

18. If the answer to question 17 is “yes”, please provide the names of all medical schemes and commencement dates with whom the organization has contracted (*note that copies of the written agreement/s must be supplied*):

Medical Scheme	Commencement Date

19. Are you or will you provide broker services as a subcontractor to another broker or other organisation? YES NO

20. If the answer to question 19 is “yes”, please provide details of the parties or persons to whom the applicant provides subcontracted broker services and provide copies of such agreements.



Brokerage / Organisation	Contact details	Accreditation number (if applicable)

21. Are you or will you provide broker services as a principal contractor who subcontracts services to another broker, brokerage or person? YES NO

22. If the answer to question 21 is “yes”, please provide details of the parties or persons to whom services are subcontracted to and provide copies of such agreements:

Brokerage / Organisation	Contact details	Accreditation number (if applicable)

Section C (Fit and Proper requirements)

If the answer to any of the questions is “Yes”, provide full details and attach to the application form

	YES	NO
23. Does the applicant or any of its directors/members/shareholders/proprietors have any shareholding or financial interest in:	<input type="checkbox"/>	<input type="checkbox"/>
(a) an administrator of medical schemes;	<input type="checkbox"/>	<input type="checkbox"/>
(b) a broker organisation;	<input type="checkbox"/>	<input type="checkbox"/>
(c) a managed care organisation;	<input type="checkbox"/>	<input type="checkbox"/>
(d) a group of health care providers;	<input type="checkbox"/>	<input type="checkbox"/>
(e) any other organisation which provides health care services to medical schemes;	<input type="checkbox"/>	<input type="checkbox"/>



(f) a life office, a short term insurance company or a re-insurer.	<input type="checkbox"/>	<input type="checkbox"/>
24. Has the applicant or any of its directors/ members within a period of five years preceding the date of application been found guilty by any professional or financial services industry body (whether in the Republic or elsewhere), of an act of dishonesty, negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
25. Has the applicant or any of its directors / members within a period of five years preceding the date of application been denied membership of any body referred to in 25 above on account of an act of dishonesty, negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
26. Has the applicant or any of its directors / members within a period of five years preceding the date of application been found guilty by any regulatory or supervisory body (whether in the Republic or elsewhere) or has an authorisation to carry on business been refused, suspended or withdrawn by any such body on account of an act of dishonesty, negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
27. Has the applicant or any of its directors / members at any time prior to the date of application been disqualified or prohibited by any court of law (whether in the Republic or elsewhere) from taking part in the management of any company or other statutorily created or regulated body, irrespective whether such disqualification has since been lifted or not?	<input type="checkbox"/>	<input type="checkbox"/>



28. Has the applicant or any of its directors / members been involved with a corporation, which has been censured, disciplined, suspended or refused membership or registration by a stock exchange, other market or regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
29. Has the applicant or any of its directors / members had any judgment (including a finding of fraud, misrepresentation or dishonesty) given against it in any civil proceedings, in South Africa or elsewhere or are there any proceedings now pending which may lead to such a judgment?	<input type="checkbox"/>	<input type="checkbox"/>
30. Has the applicant or any of its directors / members been the subject of any investigation or disciplinary proceedings by any regulatory authority (whether in the Republic or elsewhere) or government body or agency?	<input type="checkbox"/>	<input type="checkbox"/>
31. Has the applicant organisation been a controlling shareholder of a close corporation at the time it was placed under judicial management or in provisional or final liquidation?	<input type="checkbox"/>	<input type="checkbox"/>
32. Do you have any additional information, which should be brought to the Registrar's attention which may have an impact on the evaluation of this application?	<input type="checkbox"/>	<input type="checkbox"/>



Section D

I hereby enclose the following documents: (Kindly mark appropriate box with an 'X')

	YES	NO
1. A copy of the cv referred to in question 8	<input type="checkbox"/>	<input type="checkbox"/>
2. Copies of broker agreements between the applicant and medical schemes referred to in question 18	<input type="checkbox"/>	<input type="checkbox"/>
3. Copies of agreements to provide broker services as subcontractor referred to in question 19	<input type="checkbox"/>	<input type="checkbox"/>
4. Copies of agreements to provide broker services as a principal contractor referred to in question 21		
5. A copy of the audited financial statements with notes thereto for the financial year preceding the application	<input type="checkbox"/>	<input type="checkbox"/>
6. Original certificate of good standing from the South African Revenue Services.	<input type="checkbox"/>	<input type="checkbox"/>
7. Proof of payment of the prescribed non-refundable application fee of R1000.00 (Regulation 31 of the Medical Schemes Act, 1998) is attached.	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. Since all applications/documentation is attended to and filed electronically, this office strongly recommends electronic submission of applications. Application forms together with supporting documents can be submitted as follows:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Email: accredit@medicalschemes.com</p> <p>Fax: (012) 431 0655</p> </div> <p>Physical address: Hatfields Office Block E, 1267 Pretorius Street, Hatfield, Pretoria</p> <p>Postal address: Private Bag X34, Hatfield, 0028</p>		



Declaration by head of the applicant organisation:

1. I declare that, to the best of my knowledge, the information herein supplied is complete, true and correct and not misleading in any respect.
2. I hereby confirm that I have the necessary authority to furnish this information and to make the undertakings required herein.
3. I undertake to abide by the legislative requirements and by the fit and proper requirements and the code of conduct determined by the Registrar of Financial Services Board in terms of the Financial Advisory and Intermediary Services Act, 2002 from time to time.
4. I undertake to supply any further information requested by the office of the Registrar, or Council for Medical Schemes, as and when required for purposes of carrying out the provisions of the Medical Schemes Act, 1998 and regulations published thereunder.

Signature

Date

Full names: (Please print)

Designation

COUNCIL FOR MEDICAL SCHEMES: BANKING DETAILS	
Bank	: ABSA
Branch	: Vermeulen Street
Branch Code	: 517 245
Account number:	4051 163 394
Reference	: Registration No. (CK) or Organisation name

For office use only

Name of Analyst Assessed:		
Signature:		
Date:		
Remarks:		