

### SUB-AGENT APPLICATION

#### INTERMEDIARY DETAILS:

Registered name:

Intermediary code:  FAIS license number:

#### SUB-AGENT DETAILS:

Name:

Telephone (W)  Cell

Telephone (H)  Fax

E-mail Address

Physical Address

Postal Address

#### DECLARATION:

I accept that, should any of the information be false or incomplete, and this is subsequently discovered by Resolution Underwriters, the intermediary agreement in so far as it pertains to me may be considered null and void.

I further consent to Resolution Underwriters to prove any information to any financial bureau should it be necessary.

This application forms part of the intermediary contract, if it is granted.

Signed at \_\_\_\_\_

On this day of

Signature \_\_\_\_\_

Designation

#### OFFICE USE ONLY

Received from: \_\_\_\_\_

Date:

Registration Approved: Yes  No

Intermediary number:

Approved by:

Date:

Signature \_\_\_\_\_