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Administered by Universal Healthcare Administrators (Pty) Ltd

## APPLICATION FOR A COMPCARE WELLNESS MEDICAL SCHEME BROKER AGREEMENT

I hereby apply for a Broker Agreement as a Medical Aid Broker for CompCare Wellness Medical Scheme.

I hereby agree to advise you of any changes in my status within 7 days of the change.

I hereby authorise CompCare Wellness Medical Scheme, to make any enquiries it deems necessary from other life insurance institutions, medical aid schemes and/or brokers by whom I have been employed as an intermediary or in a similar capacity, and I hereby authorise such institutions to furnish CompCare Wellness Medical Scheme, with full and complete replies to its enquiries.

I hereby declare that all details as stated on this application to be true and correct.

Signed at	_ this	day of	2012.	
BROKERAGE / BROKER NAME	: -			
BROKER SIGNATURE:	_			
COMPCARE WELLNESS MEDIC SCHEME AUTHORISED SIGNAT				
APPROVED:	_			

## **DOCUMENTS TO BE SUPPLIED**

Copy of Identity Document
Copy of FSB Licence Document
Copy of Council Accreditation Certificate
Vat. Certificate (If Applicable)
Fit and Proper qualifications as determined by 8(1) of the FAIS ACT

Please forward completed agreement to: Chanelle van Wyk – chanelle.vanwyk@universal.co.za Tel: 011 208 1283

Fax: 086 505 7335

## **PLEASE NOTE!**

Should your application to represent CompCare Wellness Medical Scheme, be approved, you will be required to sign a full broker's agreement.

Name of Brokerage / Broker:	
Registration No:	
VAT No:	
Council Accreditation No:	
Contact Person:	
Identity No:	
Physical Address:	
Postal Address:	
Tel No:	Fax No:
Cell No:	E-mail Address:
Broker Code:	
DE <sup>-</sup>	TAILS OF OTHER HEALTHCARE INSURERS / MEDICAL AID
	WITH WHOM YOU HAVE CONTRACTS

NB: If the Brokerage has not been accredited as an organisation with the Council of Medical Schemes only the Broker personally, commission payments will be made payable to the Broker and not the Brokerage. VAT will only be paid to a Brokerage if the Brokerage has been accredited as an organisation with the Council of Medical Schemes and a copy of the VAT Certificate applicable is received by Universal.

## BROKERAGE / BROKER BANKING DETAILS - PLEASE COMPLETE IN FULL

Please note: Faxes copies	and e-mails will not be	accepted			
Brokerage / Broker name:					
Brokerage / Broker accred	itation Number:				
Postal address:					
Physical address:					
			Code:		
Telephone numbers:	(W)	(Cell)	(H)		
Fax number:	Email:				
Broker identity number:	Or Company / CC registration no:				
Name of account holder:					
Name of bank:					
Broker identity number:					
Branch code:					
Account number:					
Type of account:	Current:	Savings:	Transmission:		
KINDLY ATTACH A CANC	ELLED CHEQUE WHE	N SUBMITTING THIS FOI	RM		
DISCLAIMER:					
			hange in the banking details. Neither the be credited under any circumstances.		
Authorised signature/s:					
1					
2					
Date:					