



A. FORM 4: Representatives

Intermediary/Principal name

Intermediary/Principal no.

Instructions:

FORM 4 must be completed in all representatives of the insurer, broker, corporate agent or NBFi (if they have not filled in FORM 3):

Explanatory note:

Any persons or employees (including persons appointed as key individuals) who render insurance, retirement fund or medical aid fund business services as an intermediary must be appointed as representatives of the NBFi.

A. Details of representative

Title:

Initials:

First Name:

Surname:

Previous surnames:

Date of Birth:

Previous surnames:

Date of appointment:

Attach ID
photograph of
representative



B. Representative Addresses

Physical address:

.....

.....

Postal code:

Postal address:

.....

.....

Postal code:

Date of appointment:

C. Subcategories appointed to render insurance, retirement fund or medical aid fund business mediation

[In Column D below, indicate whether the representative renders intermediation services under supervision]

Product	A. Category I Representative	B. Category II Representative	D. Services under Supervision
Life insurance			
Participating/ with-profit business			
Investments			
General personal lines			
General commercial lines			
Medical aid fund business			
Pension fund business			



D. Highest relevant Qualifications

Qualification	Granting Institution	Date granted

[Please note that original academic qualifications must be submitted with this application form. All original documentation will be returned to applicants following the conclusion of the licensing application process – only copies to be kept]

E. Membership of professional bodies

Membership of a professional body	Name of institution/ professional body	Date granted

[Please note that original membership certificates must be submitted with this application form. All original documentation will be returned to applicants following the conclusion of the licensing application process– only copies to be kept]



F. Employment history [*start with most recent engagement*]

Date Engaged (DD-MM-YY)	Date Disengaged (DD-MM-YY)	Employer/Principal	Position held	Details of responsibilities
		**		

****** [*A release letter from immediate previous employer/principal signed by the Principal Officer must be submitted with this FORM for representative changing principals*]

G. Have you ever been insolvent or involved in fraud?

Yes No

H. Have you ever been prohibited from being an broker, corporate agent or representative in Botswana?

Yes No

If YES, please give details:

.....

I. Have you ever, knowingly or negligently, aided or abetted other persons in the breaching of any laws, regulations and or codes of conduct?

Yes No

If YES, please give details:

.....



J. Declaration

I..... (Full names) declare that the information completed in this FORM is to the best of my knowledge and belief correct.

Signed:.....**DATE:**.....

