



Universal House, 15 Tambach Road, Sunninghill Park, Sandton  
PO Box 1411 Rivonia 2128  
Tel: 011 208 1000 Fax: 011 208 1028  
E-mail: admin@universal.co.za Website: www.compcare.co.za

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 MEDICAL  
SCHEME AUTHORISED SIGNATORY:** \_\_\_\_\_

**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: \_\_\_\_\_

**DETAILS 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 accreditation 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 CANCELLED CHEQUE WHEN SUBMITTING THIS FORM**

**DISCLAIMER:**

It is the broker's responsibility to advise the administrator in writing of any change in the banking details. Neither the scheme nor its administrator will be held liable should any incorrect account be credited under any circumstances.

Authorised signature/s:

1. \_\_\_\_\_

2. \_\_\_\_\_

Date: \_\_\_\_\_