



OFFICE USE ONLY	
<b>BROKER CODE</b>	
<b>ALLOCATED BC</b>	

**APPLICATION FOR BROKER AGREEMENT**

I hereby apply for a Broker Agreement as a Medical Aid Broker for Universal Healthcare Administrators (Pty) Ltd upon your terms and conditions, for the following Schemes:

CompCare Wellness Medical Scheme

Makoti Medical Aid Scheme

The Building and Construction Industry Medical Aid Fund

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

I hereby authorise Universal Healthcare Administrators (Pty) Ltd, 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 authorize such institutions to furnish Universal Healthcare Administrators (Pty) Ltd, 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 \_\_\_\_\_ 20\_\_

**BROKERAGE / BROKER NAME:** \_\_\_\_\_

**BROKER SIGNATURE:** \_\_\_\_\_

**UNIVERSAL AUTHORISED SIGNATORY:** \_\_\_\_\_

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

**PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:**

- |                                      |                          |  |                          |
|--------------------------------------|--------------------------|--|--------------------------|
| Identity Document – Principal Broker | <input type="checkbox"/> | FSB Licence Document – Principal Broker              | <input type="checkbox"/> |
| FSB Licence Document – Brokerage     | <input type="checkbox"/> | Council Accreditation Certificate – Principal Broker | <input type="checkbox"/> |
| VAT Certificate (if applicable)      | <input type="checkbox"/> | Proof of banking details                             | <input type="checkbox"/> |

Please forward completed agreement to:  
[brokersupport@universal.co.za](mailto:brokersupport@universal.co.za) and copy Latoya Beukes – [latoya.beukes@universal.co.za](mailto:latoya.beukes@universal.co.za)  
If you worked through a Broker Consultant please copy them in as well.

Tel: 011 208 1000

**PLEASE NOTE!**

Should your application to represent Universal Healthcare Administrators (Pty) Ltd be approved, you will be required to sign a full broker's agreement.

Name of Brokerage  
or 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 organization 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 organization with the Council of Medical Schemes and a copy of the VAT Certificate applicable is received by Universal Administrators (Pty) Ltd.**

**BROKERAGE / BROKER BANKING DETAILS – PLEASE COMPLETE IN FULL AND ATTACH A CANCELLED CHEQUE/BANK STATEMENT/LETTER FROM YOUR BANK (NOT OLDER THAN 3 MONTHS)**

Please note: Faxed 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: \_\_\_\_\_ E-mail: \_\_\_\_\_

Broker ID number: \_\_\_\_\_ or Company/CC registration no: \_\_\_\_\_

Name of account holder: \_\_\_\_\_

Name of bank: \_\_\_\_\_

Branch name: \_\_\_\_\_

Branch code: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: Current:  Savings:  Transmission:

**DISCLAIMER:**

It is the broker's responsibility to advise the administrator in writing of any change in 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: \_\_\_\_\_