

BROKERAGE APPLICATION FORM



Generation Health
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HARARE
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Generation Health
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HARARE

Administered by:
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Section A: Organisation details: This section must be completed by the brokerage

Name of Organisation		Registration number	
Business physical address		Business postal address (if applicable)	
Telephone (w)		Fax number	
Contact person		Job title	
Contact person email			

Section B: Details of brokers/agents

Title	Name/s	Surname	Date of birth	Identity number	Cellphone	Job title

NB: If list of Agents exceeds the space provided above please provide a list as an attachment to this application form

Section B: ZIMRA Tax details

Business name			
Business Partner Number		Authentication code	
Tax clearance issue date		Tax clearance expiry date	

Section C: Banking details for commission payments

Proof of banking details required in the form of letter from bank or banking details on company letterhead signed and stamped by the relevant issuer

Bank name		Branch name		Branch code	
Account type		Account number			
Account holder (Company)					

Declaration statement

- I confirm and undertake on behalf of the applicant and each of the persons named in section B of this application form that:
- I am authorised to make this declaration and to provide the information that is contained in this application form and in any supporting documentation;
- The information supplied in and with this application form is complete and accurate to the best of the applicant's knowledge and belief;
- If it is granted registration as a broker, the applicant will comply with Generation Health Broker policy and Fund rules
- The applicant will notify Generation Health of all material changes to the information contained in and with this application form within 30 days of the change;
- The applicant understands and agrees that if no business is placed at Generation Health within a reasonable timeframe, determined at the discretion of Generation Health, it may be deactivated as a broker;

Brokerage representative: _____ **Signature:** _____ **Date:** _____