

BROKERAGE APPLICATION FORM

Generation Health

P.O. Box 10130

HARARE

Website: www.generationhealth.co.zw

Generation Health

2nd. Floor, Zimnat House

Nelson Mandela Ave./3rd. Street

HARARE

Administered by:

Sovereign Health

Tel: (263 242) 793389; 797843; 793476

Nelson Mandela Ave./3rd. Street

Fax: (263 4) 790700

CDMA: (263 242) 2928629; 2928930

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

Name of Organisation			Name of Organisation	
Business physical address		Business postal address (if applicable)		
Telephone (w)		Fax number		
		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		Branch name		Branch code	
Business Partner Number		Account number			
Tax clearance issue date					

Section C: Banking details for funeral grant claim payment: 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			
Account type		Authentication code	
Account holder (Company)		Account number	

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: _____