



Application Form

Institute of Motor Assessors SA

info@imasa.co.za

Dear Sir / Madam,

It is compulsory for the following documents to accompany your **fully completed** application form:

- PI Cover policy – current period: **Minimum R2 million cover** (must be renewed annually)
- BEE Certificate – current period (must be renewed annually)
- VAT Certificate – current and active (if applicable)
- Clear copy of ID Document / Drivers Licence
- Copies of relevant training courses / qualifications
- Copy of highest academic certificate
- Curriculum Vitae
- One sample report for each of the relevant product range categories listed
- Signed and completed Credit health (Pty) Ltd permission slip
- Two written Industry related references

Every page of this application form must be initialled by the applicant.

IMA Code of Conduct:

It is important to familiarize yourself with the IMA Code of Conduct since, should your application to this Institute be successful, your signature at the end of this application form will serve as your commitment to this Code of Conduct as well as our Constitution (available for reading at www.imasa.co.za):

- Members must at all times conduct their duties on a totally impartial and objective manner.
- The relationship between the Assessor and the Principal must be based on good faith.
- Members shall not attempt to obtain any advantage in the conduct of their profession, other than through their professional ability.
- Members are prohibited from offering incentives to any person or organization, as inducement to obtain work.
- Should an Assessor be appointed to act for Principals whose interest may conflict, the Member must disclose his position to the parties concerned and act in accordance with their wishes.
- A Member submits to the authority vested in the Committee in all matters pertaining to disciplinary procedures.

Kind Regards,

IMA SA



PERSONAL DETAILS				
Full Names		Surname		Nickname
Date of birth		ID Number		Nationality
BUSINESS ENTITY NAME(S)				
Trading Name				
Registered Name			Registration No.	
VAT Registered Name (SARS)			VAT No.	
PHYSICAL ADDRESS				
Street No	Street Name			
Suburb	City	Postal Code	Region	
POSTAL ADDRESS				
PO Box		Suburb / City		Postal Code
CONTACT DETAILS				
Telephone No 1			Telephone No 2	
Fax No 1			Fax No 2	
Email Address				
Name of the main contact person for your company:			Cell/Tel No	Email
Name of the 2nd in charge to the main contact person:			Cell/Tel No	Email
COMPANY OWNERS / SHAREHOLDERS (please add extra page if necessary)				
Name				
ID No				
Gender				
Contact Number				
% Share / Economic Interest				
Date joined the company				
Relevant Qualifications, memberships and number of years' experience in the field of Motor Assessing				
Audatex / Abuntex – State details of utilisation, i.e. Qualified, Utilize etc.				



Previous names of organisation or recent name change (8yrs) – Full details i.e. CC number or Co number	
Does any member / owner / employee / shareholder have an interest or relations in another industry related organisation / If so, provide full particulars.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does any member / owner / employee / shareholder have any relations or relatives employed within the Insurance Industry or an agent / broker / intermediary of theirs? If so, provide full details.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does any member / shareholder / employee have or had financial interest or shareholding in other or similar supplier(s) for the insurance industry? If so, provide full details	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have data protection policy in place? If yes, kindly explain what these are in detail. If no, kindly explain how and when you plan to implement a data protection policy.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has any party/member/shareholder/employee/previous entity ever been removed or suspended by another financial services institution, insurer or membership body? If so, provide full particulars.	<input type="checkbox"/> YES <input type="checkbox"/> NO
MEMBERSHIPS – list those applicable to your business	
<input type="checkbox"/> ILA (Institute of Loss Adjusters)	
<input type="checkbox"/> IISA (The Insurance Institute of South Africa)	
<input type="checkbox"/> Other, please indicate:	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	



BEE INFORMATION - Please tick relevant status that is applicable to your business		
<input type="checkbox"/> Black Company – <i>(more than 50% owned and controlled by Black people)</i> <input type="checkbox"/> Black-Influenced Company – <i>(between 5% and 25% owned by Black people and with participation in control by Black people)</i> <input type="checkbox"/> Black-Empowered Company – <i>(more than 25% but less than 50% owned by Black people and where substantial participation in control is vested in Black people)</i> <input type="checkbox"/> Black Women-Empowered Enterprise – <i>(more than 30% owned by Black women and where substantial participation in control is vested in Black women)</i>	<input type="checkbox"/> Level 1 : >100% <input type="checkbox"/> Level 2 : 85-100% <input type="checkbox"/> Level 3 : 75-85% <input type="checkbox"/> Level 4 : 65-75% <input type="checkbox"/> Level 5 : 55-65% <input type="checkbox"/> Level 6 : 45-55% <input type="checkbox"/> Level 7 : 40-45% <input type="checkbox"/> Level 8 : 30-40% <input type="checkbox"/> Non-Compliant <30%	
If rated, who rated you?	Effective Date	If you are a signatory to a charter, please indicate which one



INSURANCE COVER (COMPULSORY PI) – ATTACH COPY	
Type of Cover	
Effective Date	
Renewal Date	
Policy Number	
Insurers	
Limit of Liability	
Contact Name & Number	
Does your PI insurance cover sub-contractors? If so, provide full details and details of sub-contractors utilised.	
PRODUCT RANGE	
Product range (List main category/specialism/exclusions and attach fully company prospectus/profile/proposal):	

Geographical Area of Service Region:
Geographical Area: attach full footprint
Number of Assessing Staff:
Key Contact for Service Delivery Issues: (Provide detail of one key contact)



LEGAL STATUS OF BUSINESS ENTITY	
Type of Industry/Sector	
Registered	
Registered in South Africa	
Sole Trader/ Partnership/ Closed Corporation/ Private Business Entity/ Public Business Entity/ Joint Venture	
If Franchised – Owned/ Managed	
Does the Business Entity have any subsidiaries (attach details)?	
Number of Branches (attach details)	
How long had business been in operation?	
Number of people employed by Business Entity	

REFERENCES (provide at least three Industry related references)		
Company Name	Contact Person	Telephone number



INCLUDE THE REQUESTED & MANDATORY DOCUMENTS

- PI Cover policy – current period : **Minimum R2 million** cover (must be renewed annually)
- BEE Certificate – current period (must be renewed annually)
- VAT Certificate – current and active (if applicable)
- Clear copy of ID Document / Drivers Licence
- Copies of relevant training courses / qualifications
- Copy of highest academic certificate
- Curriculum Vitae
- One sample report for each of the relevant product range categories listed
- Signed and completed Credit health (Pty) Ltd permission slip

INDEMNITY & CONSENT TO DISCLOSURE

It is good business practice to do routine checks on business enterprises. We require your permission to do these checks. The Indemnity and Consent to Disclosure below must be ticked off giving us the necessary permissions.

Relevant to the Sole Proprietor, any Company Owner, Partner, Shareholder, Registered Member, Director and / or any employees who represent the Company (the parties to this application form).

I, the undersigned.....(full names)

In my capacity as..... (job title) of..... (the company)

Warrant that I am duly authorised to complete and submit this application form and enter into this agreement on behalf of the business and all parties represented herein by myself and if requested will provide adequate proof of such authority.

On my own behalf, and on behalf of any other party I represent herein, I:

- hereby indemnify Institute of Motor Assessors SA and its duly authorised representatives from any loss or damage caused to me/the COMPANY and the parties that I represent in this application form, as a result of Institute of Motor Assessors SA disclosing any information provided in this document for the purpose of a proposed business relationship.
- acknowledge that all information concerning the relevant Sole Proprietor, COMPANY Owner, Partner, Shareholder, Registered Member and Director and employees listed herein (the parties to the application form) is essential to enable Institute of Motor Assessors SA to properly evaluate the following information:
 - that may be recorded at any credit bureau
 - regarding any criminal history or record, previous convictions and any other relevant information usually furnished by the Criminal Record Centre
 - regarding any other material fact which is likely to influence the outcome of the application form
- on behalf of yourself and on behalf of any person you represent herein, you hereby waive any right to privacy in any material information provided by you or on your behalf, made or lodged by you and you consent to such information being disclosed to any other Insurance Business Entity or its agent.
- accordingly waive any rights of privacy and consent to the disclosure of any information relevant to the application and any further work concerning yourself.
- you also acknowledge that the information provided by you may be verified against other legitimate sources or databases.
- warrant that the information supplied on this application form is truthful, accurate, and complete and that should it change at any time and /or during this application and / or during any agreements, if Institute of Motor Assessors SA will be notified immediately in writing of such change. I also acknowledge that failure to do so may result in an immediate termination of membership or agreements, if any.
- further warrant that an opportunity was given to provide declarations where relevant.
- accept that signing of this application form does not bind Institute of Motor Assessors SA to offer you or accept membership to this Institute, but it is agreed that this application form shall be the basis of acceptance.
- confirm that as a service provider a PI Cover policy is in place.



DECLARATIONS		
CREDIT HISTORY	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has any party (including employees within the organisation) to this application form ever been declared insolvent, placed in liquidation whether provisional or final or reached a compromise with creditors. If yes, give details/ explanation. Attach a separate page if necessary.		
CONSENT TO ITC/BACKGROUND CHECKS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
All parties (including employees within the organisation) consent to ITC/Background checks in regard to declarations made in this application form.		
CRIMINAL RECORD	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has any party (including employees within the organisation) to this application form have any pending or criminal convictions or paid an admission of guilt fine other than speeding or parking offences. If yes, please give details/explanation. Attach a separate page if necessary.		
OTHER MATERIAL FACTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there any material fact that is likely to influence the assessment of this application form which will affect the decision Institute of Motor Assessors SA makes with the regard to accepting membership whether we accept you or not. If yes, please give details. Attach a separate page if necessary. <i>If you are in any doubt as to whether a fact would be considered material you should declare/explain it anyway to enable us to make an informed decision. Where necessary or possible, provide proof to substantiate your explanation/declaration. All the information that we request in this application form is material.</i>		
SUPPORTING INFORMATION & COMPANY PROSPECTUS/PROPOSAL/PROFILE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please note any relevant information on a separate page if necessary and attach to this application form.		

- I acknowledge that I have read and authorise the INDEMNITY AND CONSENT TO DISCLOSURE
- I acknowledge that I have truthfully submitted the information in above DECLARATION
- I hereby authorise that the necessary be done
- I have attached ALL relevant/requested documents
- I bind myself to the Code of Conduct of the Institute of Motor Assessors SA
- I bind myself to the Constitution of the Institute of Motor Assessors SA

INCLUDE THE REQUESTED AND MANDATORY DOCUMENTS
SUBMIT FULL DOCUMENT TO: info@imasa.co.za

Sign in Full:..... Full Names:..... Date:.....

ID number of signatory:.....



Credit Health (Pty) Ltd
14th Floor, Rennie House
19 Ameshof Street
Braamfontein
Tel: 011 242-4901

Permission to Obtain Credit Information

I, _____ (ID Number _____)
authorise Credit Health to obtain my complete credit profiles from **TransUnion** and **Experian** and **XDS**; to obtain any and all balance and statement information from any of my creditors (only if I instruct Credit Health to perform Financial Planning); to pass my credit information to Logan Attorneys so that they can provide me with a free quote to clear my credit record (only if there is negative information) to store my credit record and account information on Credit Health's confidential database for 30 days from the date on which Credit Health receives it; and to store only the information related to my Action Plan for a total of 6 months from receipt of this report.

Name and Surname: _____

Cell number: _____

Email address: _____

Signature: _____

Date: _____