NEW SELLING DEALER REGISTRATION FORM

GMA®
GLOBAL MOTOR ADMINISTRATORS

DEALERSHIP REGISTRATION DETAILS:	
REGISTERED NAME	
TRADING AS NAME	
VAT NUMBER	
COMPANY REGISTRATION NUMBER	
DIRECTOR NAME AND SURNAME	
DIRECTOR ID NUMBER	
BANKING DETAILS:	
BANK NAME	
ACCOUNT NAME	
BRANCH	
ACCOUNT NUMBER	
BRANCH CODE	
TYPE OF ACCOUNT	
COMPLIANCE REQUIREMENTS:	
DO YOU HAVE AN FSP LICENSE?	YES/NO
IF YES, PLEASE STATE FSP NUMBER	
IF NO, UNDER WHICH FSP DO YOU OPERATE?	
ARE YOU A JURISTIC REPRESENTATIVE	YES/NO
IF YES, PLEASE STATE FSP NAME AND NUMBER	
DO YOU HAVE PI COVER?	YES/NO
PI POLICY NUMBER	
PI INSURANCE COMPANY NAME	
DO YOU HAVE SPLIT PAYMENT FACILITIES	YES/NO
IF YES, WHICH SYSTEM DO YOU USE	
SPLIT PAYMENT REFERENCE NUMBER	
WHICH ELECTRONIC PLATFORM DOES THE DEALER USE?	SIGNIO/SERITI/OTHER
PLEASE CONFIRM THE DEALER BANK CODE	
Notes:	

BRANCH CONTACT DETAILS:	
POSTAL ADDRESS	
PHYSICAL ADDRESS	
DEALER PRINCIPAL	
NAME AND SURNAME	
CONTACT NUMBER	
E-MAIL ADDRESS	
ID NUMBER	
ACCOUNTS	
NAME AND SURNAME	
CONTACT NUMBER	
E-MAIL ADDRESS	
F&I CONSULTANTS	
NAME AND SURNAME	
CONTACT NUMBER	
E-MAIL ADDRESS	
ID NUMBER	
NAME AND SURNAME	
CONTACT NUMBER	
E-MAIL ADDRESS	
ID NUMBER	
CLAIMS INFORMATION	
PLEASE NOTIFY THE SELLING DEALER IN THE EVENT OF A CLAIM	YES/NO
CONTACT NUMBER	
CONTACT PERSON	
CLAIM EXCEEDING VALUE	

SUPPORTING DOCUMENTATION REQUIRED:	
CONFIRMATION OF BANK ACCOUNT DETAILS	YES/NO
COMPANY REGISTRATION DOCUMENTS	YES/NO
COPY OF DIRECTORS ID	YES/NO
COPY OF F&I ID	YES/NO
SECTION 13 CERTIFICATE	YES/NO
VAT CERTIFICATE	YES/NO
TAX COMPLIANCE STATUS (TCS)	YES/NO
FSP CERTIFICATE *(If applicable*)	YES/NO
BBBEEE CERTIFICATE	YES/NO
IGF CERTIFICATE	YES/NO
PI COVER	YES/NO
SPLIT PAYMENT CERTIFICATE	YES/NO
PRODUCT SELECTION SHEET	YES/NO
INTERNAL USE ONLY:	
REPRESENTATIVE SIGNED AS COMPLETE	
DATE	
HEAD OFFICE SIGNED AS COMPLETE	
DATE	

Regulatory Compliance Declaration

I, the undersigned, hereby declare and confirm that our company is fully compliant with all applicable South African regulatory requirements, including but not limited to **the Financial Advisory and Intermediary Services (FAIS) Act, the Financial Intelligence Centre Act (FICA), and all Anti-Money Laundering (AML) obligations**.

We acknowledge our responsibility to identify and report any suspicious or unusual transactions to the relevant authorities in accordance with prevailing legislation and regulatory guidelines.

Signed: _____
Name: _____
Designation: _____
Date: _____