



BROKER APPLICATION FORM

Consultant Code	<input type="text"/>	Broker Code	<input type="text"/>
Cell Captive Code	<input type="text"/>	Division Code	<input type="text"/>
Inception Date	<input type="text"/>		

To register with Equillore Lease Dispute Settlement (Pty) Limited (Equillore) to market or utilise its products

Agent/Company Name	<input type="text"/>			
ID No.	<input type="text"/>	Trading Name	<input type="text"/>	
Company No	<input type="text"/>	Fidelity/IGF No.	<input type="text"/>	
		VAT No	<input type="text"/>	
Contact Person Name	<input type="text"/>			
Physical Address	<input type="text"/>			
Postal Address	<input type="text"/>			
Area Code	<input type="text"/>	Tel	<input type="text"/>	
e-mail	<input type="text"/>		Fax	<input type="text"/>
Docex No.	<input type="text"/>		Cell	<input type="text"/>
Commission Percentage Consultant	<input type="text"/>	Percentage Broker	<input type="text"/>	

Broker's bank details for payment of commission

Account Name	<input type="text"/>	Bank	<input type="text"/>
Branch	<input type="text"/>	Branch Code	<input type="text"/>
Account No.	<input type="text"/>	Type of Account	<input type="text"/>

The applicant hereby applies to become a Broker of the Equillore products. This does not constitute an employment agreement and the applicant will at no time represent himself as an employee of Equillore Lease Dispute Settlement (Pty) Ltd or the Underwriter.

Upon acceptance of this application the applicant will enter into a broker's agreement with Equillore.

Signed at _____ on this _____ day of _____ 20____

Signature _____ Print Name _____

Tel: (0861) 250 250

**Fax: (021) 422-4176
lease@equillore.com**

Email: info@rentmaster.co.za

**Equillore Lease Dispute Settlement (Pty) Ltd]
P O Box 16410, Vlaeberg, 8018**