

APPLICATION FOR LICENCE AS A FINANCIAL SERVICE PROVIDER

Introduction

Any person rendering advice and/or intermediary services as defined in the Financial Advisory and Intermediary Services Act, 2002 (the Act), other than a representative, is required to be licensed as a Financial Services Provider (FSP) and must complete the attached application forms.

In this form any word or expression defined in the Act, including any measure referred to in the definitions of "the Act" in section 1(1) of the Act, has, unless the context otherwise indicates, the meaning as so defined.

Note that, if there is any discrepancy between this application form and the provisions of the Act, the provisions in the Act will be deemed to be correct.

Persons acting as representatives of FSP's are not required to complete the attached application form. In terms of section 13 of the Act, the FSP will be responsible for the actions of its representatives and must ensure that such representatives meet similar competency requirements (for the appropriate licence category) as that determined for the FSP's key individuals. The FSP must submit the details of its representatives simultaneously with the completed application form. If the FSP elects not to provide its representatives' particulars with this application, it should ensure that the representatives' details are provided before the effective date determined in terms of the provisions of section 7 of the Act. A spreadsheet or list of the representatives' details as per Form FSP 5 will be acceptable.

Applications may be submitted directly to the Financial Services Board (FSB) or through an authorised recognised representative body. A list of authorised recognised representative bodies is available on the FSB's website (www.fsb.co.za). The instructions below must be followed when applying directly through the FSB. If you are applying via a recognised representative body, consult the recognised representative body regarding its application process.

Instructions to be followed when submitting an application form directly to the Financial Services Board:

- a. You must obtain a FSP number from the Registrar before submitting the application form (Toll free 0800 110 443)
- b. The FSP number must be indicated where required. **Application forms without a FSP reference number will not be processed and will be returned to the applicant.**
- c. **If an application for the approval of a compliance practice and/or officer (Form FSP 13) is not attached to your application, please ensure that your Compliance Officer is already approved as a Compliance Officer by the Financial Services Board before submitting your application.**
- d. The required fee (refer to Government Notice No. 536 of 2003 – Gazette No. 24761 dated 15 April 2003; Also available on the FSB's website) must accompany the application forms. The FSP number must be used as the reference number if you deposit the application fee directly into the Financial Services Board's bank account. The Bank account details are as follows: Standard Bank, Menlyn branch, Account number 012746363. **Applications will only be processed after the total application fee has been received.**
- e. Read the instructions on each form before completing the relevant forms and if required, make copies of the pages needed.
- f. FSP 14A must be completed in full and be signed by the responsible person.

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BUSINESS INFORMATION OF FINANCIAL SERVICES PROVIDER

FSP Name

FSP No

Instructions:

All applicants must complete *Form FSP1*, which relates to the business information of the applicant. All fields must be completed unless it specifically states "*if applicable*".

Explanatory notes (*The number next to the note refers to the relevant fields that must be completed*).

- 1.1/1.2 The full name and, where applicable, the trading name of the business must be provided. If the name is the same as the natural person's or entity's name, provide the natural person's or entity's name. In the case of a division provide the entity's name (1.1) and the division's name (1.2).
- 1.3 The relevant business format must be indicated and the required information must be provided. If the applicant is a partnership, close corporation, company or trust, Form FSP 3 must be completed in respect of every partner, member, director, or trustee. In the case of a public company, details of shareholders that hold more than 25% of the issued share capital must be provided, and in the case of a private company Form FSP 3 must be completed in respect of each shareholder.
- 1.4 All contact details of the FSP must be provided. These details will be used in all correspondence with the applicant as well as to liaise with the applicant after the licence has been granted. Ensure that details are updated if they change after the application has been lodged.
- 1.5 Details of the person responsible for liaising with the Registrar must be provided. All correspondence from the Registrar will be sent to the designated person.
- 1.6 The financial year-end of the FSP must be provided.
- 1.7 The business bank account details used for the activities of the FSP must be provided. If the FSP is to receive money on behalf of clients, and where the Act requires a separate bank account, such an account should be opened for the purpose of depositing clients' funds therein and the information pertaining to the separate account must be provided. If there is more than one business or separate bank account, provide the details of the main account number on the form and attach a list of the other account numbers.
- 1.8 Details of the person responsible for dealing with the payment of fees and levies on behalf of the FSP must be provided, even if the person is the same as the contact person.
- 1.9 Foreign regulation – if the entity is subject to foreign regulation provide the foreign regulator's name.
- 1.10 Local regulation – if the entity is subject to regulation imposed by a regulator other than the Financial Services Board, provide the regulator's name.

1.1 Name

1.2 Trading name or division where applicable

1.3 Type of business

1.3.1 Natural Person

Identity number
Date of Birth

1.3.2 Partnership

1.3.3 Trust

Master's Reference Number/
Registration Number

Country of registration

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1.3.4 Close Corporation

Registration number

1.3.5 Company

Registration number

Country of registration

If incorporated in South Africa please provide the type of company:

Public

Private

Section 21

If not incorporated in South Africa provide description of company:

1.4 Contact details

Physical address

Postal Code

Postal Address

Postal Code

Telephone number

Fax Number

Website Address
(if applicable)

1.5 Contact Person

Title

Initials

Surname

Cell phone number

Telephone number

E-mail address
(if applicable)

1.6 Financial year-end

(mm/yy)

1.7 Bank Details

Business:	Bank	<input type="text"/>
	Branch Code	<input type="text"/>
	Account No.	<input type="text"/>
Separate account: <i>(if applicable)</i>	Bank	<input type="text"/>
	Branch Code	<input type="text"/>
	Account No.	<input type="text"/>

1.8 Accounting Information

Contact person responsible for dealing with the payment of fees, penalties and levies

Title	<input type="text"/>
Initials	<input type="text"/>
Surname	<input type="text"/>
Cell phone number	<input type="text"/>
Telephone number	<input type="text"/>
E-mail address <i>(if applicable)</i>	<input type="text"/>

1.9 Are you subject to regulation as a financial services intermediary or advisor in another jurisdiction?

Yes No

If yes, which jurisdiction/s?

Name of foreign regulator/s

1.10 Are you subject to regulation by a local regulator other than the Financial Services Board?

Yes No

If yes, which regulator/s?

LICENCE CATEGORIES

FSP Name

FSP No

Instructions:

Provide details of the financial services that the applicant wishes to conduct under the licence, as well as the financial products that the financial service will relate to.

"Financial service" is defined in section 1 of the Act as the furnishing of advice and/or rendering of any intermediary service.

Explanatory notes

Indicate the type of financial service/s that the applicant is applying for.

1. "Advice" as defined in section 1(1) of the Act:
2. "Intermediary service" (other than that of Discretionary or Administrative FSP as defined in section 1(1) of the Act
3. "Discretionary FSP"
Discretionary FSP means the rendering of intermediary services of a discretionary nature as regards the choice of a particular financial product referred to in the definition of "administrative FSP" but without implementing any bulking.
4. "Administrative FSP"
Administrative FSP means a FSP, other than a discretionary FSP that renders intermediary services in respect of financial products referred to in paragraphs (a), (b), (c) (excluding any short-term insurance contract or policy referred to therein), (d) and (e), read with paragraphs (h), (i) and (j) of the definition of "financial product" in section 1(1) of the Act, on the instructions of a client or another FSP and through the method of bulking.

Indicate the class (es) of financial products in respect of which the applicant wishes to render a financial service. The licence of the applicant will be limited to the financial products indicated.

The key individual (refer to *FSP Form 4* for the definition of key individual) will have to demonstrate that he/she has the relevant qualifications and experience relating to the financial service and financial product including the rendering of financial services relating to the financial product.

The definitions of different financial products in terms of the Act and the Determination of Fit and Proper Requirements for Financial Services Providers are:

1. CATEGORY I:

- 1.1 **"Long-term Insurance Category A"** means assistance policies as defined in the Long-term Insurance Act, 1998 (Act No. 52 of 1998) but excludes policies mentioned in Long-term Insurance Categories B and C.
- 1.2 **"Short-term insurance personal lines"** means short-term insurance contracts or policies referred to in the Short-term Insurance Act, 1998 (Act No. 53 of 1998), purchased by natural persons acting otherwise in a business capacity.
- 1.3 **"Long-term Insurance Category B"** means the following long-term insurance contracts as defined in the Long-term Insurance Act, 1998 (Act No. 52 of 1998):
 - (a) risk policies which provide cover in respect of death, disability and health events, and which are not marketed as investment or savings policies;
 - (b) investment/savings policies (including recurring premium retirement annuity policies, but excluding single premium retirement annuity policies and policies issued to and/or in respect of preservation funds) which guarantee a minimum return of capital invested at a specified future date or dates, and where such minimum is ascertainable in Rand terms at inception;
 - (c) annuities which guarantee a minimum annuity for the term of the policy which is ascertainable in Rand terms at inception, and/or
 - (d) any policy which combines the policy features included in paragraphs (a), (b) or (c). but excludes policies mentioned in Long-term Insurance Category C.
- 1.4 **"Long-term Insurance Category C"** means single premium retirement annuity policies, policies issued to and/or in respect of preservation funds and other long-term insurance contracts or policies as defined in the Long-term Insurance Act, 1998 (Act No. 52 of 1998), not specified in Long-term Insurance Categories A and B.
- 1.5 **"Retail Pension Fund Benefits"** means pension fund benefits provided by retirement annuity and/or preservation pension and/or preservation provident funds.
- 1.6 **"Short-term insurance commercial lines"** means short-term insurance contracts or policies referred to in the Short-term Insurance Act, 1998 (Act No. 53 of 1998), purchased by juristic persons and natural persons acting in a business capacity.
- 1.7 **"Pension fund benefits"** means financial products contemplated in paragraph (d)(i) of the definition of "financial product" in section 1(1) of the Act.
- 1.8 – 1.13 **"Securities and instruments"** referred to in paragraph (a) of the definition of "financial product" in section 1(1) of the Act

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- 1.14** "Participatory Interests (units) in one or more Collective Investment Schemes."
- 1.15** "Foreign currency denominated investment instruments, including foreign currency deposits."
- 1.16** "Health Service Benefits" as defined in section 1(1) of the Medical Schemes Act, 1998.
- 1.17** "Deposits as defined in section 1(1) of the Banks Act, 1990 (Act No. 94 of 1990) – exceeding 12 months."
- 1.18** "Deposits as defined in section 1(1) of the Banks Act, 1990 (Act No. 94 of 1990) – 12 months or less."
- 1.19** "A benefit provided by a Friendly Society contemplated in paragraph (d)(ii) of the definition of "financial product" in section 1(1) of the Act"

1. Financial Services and Products

Are you a direct marketer as defined in the General Code of Conduct for authorised financial services providers and their representatives?

Yes

No

	Financial Product	A. Advice	B. Intermediary service
1.	CATEGORY I	<input type="checkbox"/>	<input type="checkbox"/>
1.1	Long-term Insurance: Category A	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Short-term Insurance: Personal Lines	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Long-term Insurance: Category B	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Long-term Insurance: Category C	<input type="checkbox"/>	<input type="checkbox"/>
1.5	Retail Pension Benefits	<input type="checkbox"/>	<input type="checkbox"/>
1.6	Short-term Insurance: Commercial Lines	<input type="checkbox"/>	<input type="checkbox"/>
1.7	Pension Fund Benefits (excluding retail pension benefits)	<input type="checkbox"/>	<input type="checkbox"/>
1.8	Securities and Instruments: Shares	<input type="checkbox"/>	<input type="checkbox"/>
1.9	Securities and Instruments: Money market instruments	<input type="checkbox"/>	<input type="checkbox"/>
1.10	Securities and Instruments: Debentures and securitised debt	<input type="checkbox"/>	<input type="checkbox"/>
1.11	Securities and Instruments: Warrants, certificates and other instruments acknowledging	<input type="checkbox"/>	<input type="checkbox"/>
1.12	Securities and Instruments: Bonds	<input type="checkbox"/>	<input type="checkbox"/>
1.13	Securities and Instruments: Derivative instruments	<input type="checkbox"/>	<input type="checkbox"/>
1.14	Participatory interests in Collective Investment Schemes	<input type="checkbox"/>	<input type="checkbox"/>
1.15	Foreign currency denominated investment instruments	<input type="checkbox"/>	<input type="checkbox"/>
1.16	Health Service Benefits	<input type="checkbox"/>	<input type="checkbox"/>
1.17	Deposits as defined in the Banks Act – exceeding 12 months	<input type="checkbox"/>	<input type="checkbox"/>
1.18	Deposits as defined in the Banks Act – 12 months or less	<input type="checkbox"/>	<input type="checkbox"/>
1.19	Friendly Society Benefits	<input type="checkbox"/>	<input type="checkbox"/>

If you have selected sub-category 1.16, Health service benefits, provide the registration number allocated to you by the Council for Medical Schemes in the block below.

2	CATEGORY II – Discretionary FSP	
2.1	Long-term Insurance: Category A	
2.2	Long-term Insurance: Category B	
2.3	Long-term Insurance: Category C	
2.4	Retail Pension Benefits	
2.5	Pension Fund Benefits (excluding retail pension benefits)	
2.6	Securities and Instruments: Shares	
2.7	Securities and Instruments: Money market instruments	
2.8	Securities and Instruments: Debentures and securitised debt	
2.9	Securities and Instruments: Warrants, certificates and other instruments acknowledging	
2.1	Securities and Instruments: Bonds	
2.11	Securities and Instruments: Derivative instruments	
2.12	Participatory interests in Collective Investment Schemes	
2.13	Foreign currency denominated investment instruments	
2.14	Friendly Society Benefits	

3	CATEGORY III – ADMINISTRATIVE FSP	
3.1	Long-term Insurance: Category A	
3.2	Long-term Insurance: Category B	
3.3	Long-term Insurance: Category C	
3.4	Retail Pension Benefits	
3.5	Pension Fund Benefits (excluding retail pension benefits)	
3.6	Securities and Instruments: Shares	
3.7	Securities and Instruments: Money market instruments	
3.8	Securities and Instruments: Debentures and securitised debt	
3.9	Securities and Instruments: Warrants, certificates and other instruments acknowledging	
3.1	Securities and Instruments: Bonds	
3.11	Securities and Instruments: Derivative instruments	
3.12	Participatory interests in Collective Investment Schemes	
3.13	Foreign currency denominated investment instruments	
3.14	Friendly Society Benefits	

DIRECTORS, OFFICERS AND APPLICABLE SHAREHOLDERS

FSP Name	<input type="text"/>
FSP Number	<input type="text"/>
Name of Person	<input type="text"/>
Identity No/ Passport/ Registration No	<input type="text"/>

Instructions:

Form FSP3 must be completed in respect of the following persons:

- Directors
- Shareholders (If the company is a public company, shareholders holding more than 25% of the shares.)
- Members of a close corporation
- Trustees of a trust
- Partners in a partnership

A SEPARATE FORM MUST BE COMPLETED IN RESPECT OF EACH PERSON.

- Indicate the role of the person relating to the Financial Services Provider. For example if the Financial Services Provider is a public company and Mr A is a director and shareholder holding more than 25% of the issued shares of the company then points 1 and 2 must be marked with an **[X]** and the relevant applicable information must be provided.
- Indicate in the space provided with **[X]** whether the person referred to in section A is a natural person or juristic person as defined on page 3 of this form.
- If the person is a natural person complete section C.
- If the person is a juristic person complete section D.
The contact person of the juristic person is the natural person that the Registrar can contact if required. Please provide the name of the person and telephone number.
- Both natural and juristic persons must complete section E.

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A. Indicate the roles of the person completing the form and provide the relevant information as applicable:

1. Director <input type="checkbox"/>	Date appointed	<input type="text"/>
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2. Shareholder <input type="checkbox"/>		
Percentage Shareholding (In the case of a public company, shareholders holding more than 25%)		<input type="text"/>
Date on which this level of shareholding was obtained		<input type="text"/>

3. Member <input type="checkbox"/>	Membership Percentage	<input type="text"/>
	Date membership obtained	<input type="text"/>

4. Partner <input type="checkbox"/>	Percentage in partnership	<input type="text"/>
	Date appointed	<input type="text"/>

5. Trustee <input type="checkbox"/>	Date appointed	<input type="text"/>
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B. Type of person:

*Natural Person

To distinguish natural persons from juristic persons, humans are referred to as being natural persons

*Juristic Person

A juristic person is recognised as a separate legal entity apart from its members and natural persons, which form part of it. The juristic person can act through natural persons only, the result of such action being that only the juristic person acquires rights and incurs duties and not such natural persons in their personal capacities e.g. company, close corporation, trust, etc.

C. Information required from a natural person

Title	<input type="text"/>
Initials	<input type="text"/>
First Name	<input type="text"/>
Surname	<input type="text"/>
Previous surnames <i>(if applicable)</i>	<input type="text"/>
ID/Passport Number	<input type="text"/>
Date of Birth	<input type="text"/>

D. Information required from a juristic person

Name	<input type="text"/>
Country of Registration	<input type="text"/>
Registration Number	<input type="text"/>
Contact person	<input type="text"/>
Contact person's telephone number	<input type="text"/> <input type="text"/>

E. Information required from both natural and juristic persons

Physical Address	<input type="text"/>
Postal Code	<input type="text"/>
Postal Address	<input type="text"/>
Postal Code	<input type="text"/>
Telephone Number	<input type="text"/> <input type="text"/>
Fax Number <i>(if applicable)</i>	<input type="text"/> <input type="text"/>
Mobile Phone Number <i>(if applicable)</i>	<input type="text"/>
E-mail Address <i>(if applicable)</i>	<input type="text"/>

KEY INDIVIDUALS

Instructions:

A Key individual is defined in the Act as:

“Key individual”, in relation to an authorised financial services provider, or a representative, carrying on business as –

- a) a corporate or unincorporated body, a trust or a partnership, means any natural person responsible for managing or overseeing, either alone or together with other so responsible persons, the activities of the body, trust or partnership relating to the rendering of any financial service; or*
- b) a corporate body or trust consisting of only one natural person as a member, director, shareholder or trustee, means any such natural person;...”*

If an FSP intends to render various financial services, the key individual (see also guidance note for further explanation) or individuals responsible for managing or overseeing the various financial services must be listed.

The key individual is responsible for managing or overseeing the activities of the FSP and that individual must comply with the Fit and Proper requirements as published in the Gazette, in the Determination of Fit and Proper Requirements for Financial Services Providers, 2003.

GUIDANCE NOTE:

Sub-paragraph (b) of the definition requires little or no explanation, in that it deals with entities (persons), which are managed, owned or governed by one natural person only. In this scenario it is clear that this natural person is the key individual as defined.

Sub-paragraph (a) of the definition will be broken down into the two functions mentioned in this sub-paragraph, that is the function of managing and the function of overseeing.

Reference is made to the Concise Oxford Dictionary for definitions of the terminology.

Managing is defined as *“having executive control or authority (Managing Director).”*.

Overseeing or oversee is defined as *“officially supervise (workers, work, etc.)”*.

It is therefore clear from these definitions that a key individual mentioned in sub-paragraph (a) would include persons in executive control such as directors and other persons performing a managerial function over activities relating to the rendering of a financial service.

In a life insurance company, for example, key individuals may therefore include, directors, provincial managers, and depending on the structure of a particular entity, any other individual whom in the opinion of the controlling body is also engaged in overseeing the activities of a representative, in rendering a financial service regulated by the Act. However, it is not the intention to include every person in a supervisory capacity, or indeed, every director.

Explanatory notes (*The number next to the note refers to the relevant fields that must be completed.*)

- A.** Provide the initials and surname of all key individuals as indicated on the form.
- B.** Provide the key individual's details.
- C.** Provide the relevant contact details of the key individual.
- D.** Give a description of what best describes the key individual's role in the organisation.
- E.** All of the questions numbered 1 to 6 must be answered. If any questions are answered with a “YES”, full details must be attached to the application form. Indicate on *Form – FSP 14A* what documentation is attached.
- F.** All questions numbered 1 to 11 must be answered. If any questions are answered with a “YES”, full details must be attached to the application form. Indicate on *Form - FSP 14A* what documentation is attached.
- G.** List all qualifications obtained relevant to the financial services that the key individual intends to oversee or manage, if he or she has no post school qualifications, list highest schooling qualification. Refer to Fit and Proper requirements as published in the Gazette, in the Determination of Fit and Proper Requirements for Financial Services Providers, 2003. Attach certified copies for the relevant qualifications. Indicate on *Form FSP 14A* what documentation is attached.
- H.** List the relevant experience that the person has gained within the last 5 years. Full details of the responsibilities must be provided to illustrate that the experience is relevant to the financial services and products being offered / rendered.
- I.** Indicate the categories and sub-categories of financial services that the person will be overseeing, refer to *Form - FSP2*. The periods of relevant experience obtained in the different categories and sub-categories of financial services and products that the person will be overseeing or managing must be indicated in the table. Refer to the competency requirements in the Determination of Fit and Proper Requirements for Financial Services Providers, 2003.

KEY INDIVIDUAL

FSP Name

FSP No

A. Full Names of Key individual

B. Details of Key individual

Title

Initials

First Name

Surname

ID/Passport Number

Date of Birth

Date of appointment to current position

C. Contact details:

Physical Address

Postal Code

Postal Address

Postal Code

Telephone Number

Fax Number (if applicable)

Mobile Phone Number (if applicable)

E-mail Address (if applicable)

D. Role in the organization:

- Company director
- Member of a close corporation
- Trustee of a trust
- Partner in a partnership
- Manager
- Other

(If "other", provide a short description of the key individual's role)

E. Fit and Proper Requirements – Character qualities of honesty and integrity questions

If the answer to any of the questions is YES, provide full details and attach to the application form

Questions	Yes	No
1 Has an adverse finding been made against you within a period of five years preceding the date of application in any civil or criminal proceedings by a court of law (whether in the Republic of South Africa or elsewhere) in which you were found to have acted fraudulently, dishonestly, unprofessionally, dishonourably or in breach of a fiduciary duty?	<input type="checkbox"/>	<input type="checkbox"/>
2 Have you within a period of five years preceding the date of application been found guilty by any professional or financial services industry body (whether in the Republic or elsewhere), of an act of dishonesty, negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
3 Have you within a period of five years preceding the date of application been denied membership of any body referred to in paragraph 2 on account of an act of dishonesty, negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
4 Have you within a period of five years preceding the date of application been found guilty by any regulatory or supervisory body (whether in the Republic or elsewhere) of an act of dishonesty, negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you within a period of five years preceding the date of application been found guilty by any regulatory or supervisory body (whether in the Republic or elsewhere), recognised by the Board, or has an authorisation to carry on business has been refused, suspended or withdrawn by any such body on account of an act of dishonesty, negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you at any time prior to the date of application been disqualified or prohibited by any court of law (whether in the Republic or elsewhere) from taking part in the management of any company or other statutorily created, recognised or regulated body, irrespective whether such disqualification has since been lifted or not?	<input type="checkbox"/>	<input type="checkbox"/>

F. Section 8(2)(a) of the Act – Additional Information

If the answer to any of the questions is YES, provide full details and attach to the application form

Questions	Yes	No
1 Have you been refused the right to carry on or restricted from carrying on a trade, business or profession for which a specific license, registration or other authority is required by law in any country?	<input type="checkbox"/>	<input type="checkbox"/>
2 Have you been issued with a prohibition order under any Act administered by the Financial Services Board or been prohibited by other regulatory bodies from operating in the financial services industry?	<input type="checkbox"/>	<input type="checkbox"/>
3 Have you been involved with a corporation, which has been censured, disciplined, suspended or refused membership or registration by a stock exchange, futures exchange, other market or regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
4 Have you had any judgment (including a finding of fraud, misrepresentation or dishonesty) given against you in any civil proceedings, in South Africa or elsewhere or are there any proceedings now pending which may lead to such a judgment?	<input type="checkbox"/>	<input type="checkbox"/>
5 Have you knowingly or negligently aided or abetted other persons in the breaching of any laws, regulations, exchange rules and/or codes of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
6 Have you been the subject of any investigation or disciplinary proceedings by any regulatory authority (whether in the Republic or elsewhere) or exchange, professional body or government body or agency?	<input type="checkbox"/>	<input type="checkbox"/>
7 Has your estate ever been sequestrated?	<input type="checkbox"/>	<input type="checkbox"/>
8 Have you ever been a controlling shareholder, director of a company or member of a close corporation at the time it was placed under judicial management or in provisional or final liquidation?	<input type="checkbox"/>	<input type="checkbox"/>
9 Have you ever been refused a licence or registration in any place under any law, which requires licensing or registration in relation to securities, futures, leveraged foreign exchange or insurance activities?	<input type="checkbox"/>	<input type="checkbox"/>
10 Have you ever been refused authorisation to carry on business by any regulatory body (whether in the Republic or elsewhere), recognised by the Financial Services Board or has such authorisation ever been suspended or revoked by any such body, because of negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
11 Do you have any additional information, which should be brought to the Registrar's attention, which may have an impact on the evaluation, by the Registrar of your good character and integrity?	<input type="checkbox"/>	<input type="checkbox"/>

G. Qualifications

Institution that issued the qualification	Qualification	Year obtained

H. Employment history

Dates of Employment (dd/mm/yyyy- dd/mm/yyyy)	Employer	Position held	Details of responsibilities

I. Experience, categories and sub-categories of financial services and products

			A. Months experience - Advice		B. Months experience - Intermediary Service
1	CATEGORY I	<input type="checkbox"/>		<input type="checkbox"/>	
1.1	Long-term Insurance: Category A	<input type="checkbox"/>		<input type="checkbox"/>	
1.2	Short-term Insurance: Personal Lines	<input type="checkbox"/>		<input type="checkbox"/>	
1.3	Long-term Insurance: Category B	<input type="checkbox"/>		<input type="checkbox"/>	
1.4	Long-term Insurance: Category C	<input type="checkbox"/>		<input type="checkbox"/>	
1.5	Retail Pension Benefits	<input type="checkbox"/>		<input type="checkbox"/>	
1.6	Short-term Insurance: Commercial Lines	<input type="checkbox"/>		<input type="checkbox"/>	
1.7	Pension Fund Benefits (excluding Retail Pension Benefits)	<input type="checkbox"/>		<input type="checkbox"/>	
1.8	Securities and Instruments: Shares	<input type="checkbox"/>		<input type="checkbox"/>	
1.9	Securities and Instruments: Money market instruments	<input type="checkbox"/>		<input type="checkbox"/>	
1.10	Securities and Instruments: Debentures and securitised debt	<input type="checkbox"/>		<input type="checkbox"/>	
1.11	Securities and Instruments: Warrants, certificates and other instruments acknowledging	<input type="checkbox"/>		<input type="checkbox"/>	
1.12	Securities and Instruments: Bonds	<input type="checkbox"/>		<input type="checkbox"/>	
1.13	Securities and Instruments: Derivative instruments	<input type="checkbox"/>		<input type="checkbox"/>	
1.14	Participatory interests in Collective Investment Schemes	<input type="checkbox"/>		<input type="checkbox"/>	
1.15	Foreign currency denominated investment instruments	<input type="checkbox"/>		<input type="checkbox"/>	
1.16	Health Service Benefits	<input type="checkbox"/>		<input type="checkbox"/>	
1.17	Deposits defined in the Banks Act – exceeding 12 months	<input type="checkbox"/>		<input type="checkbox"/>	
1.18	Deposits defined in the Banks Act – 12 months or less	<input type="checkbox"/>		<input type="checkbox"/>	
1.19	Friendly Society Benefits	<input type="checkbox"/>		<input type="checkbox"/>	

REPRESENTATIVES

FSP Name

FSP Number

A. Type of person:

*Natural Person

To distinguish natural persons from juristic persons, humans are referred to as being natural persons.

*Juristic Person

A juristic person is recognised as a separate legal entity apart from its members and natural persons, which form part of it. The juristic person can act through its members only, the result of such action being that only the juristic person acquires rights and incurs duties and not its members in their personal capacity e.g. company, close corporation, trust, etc.

B. Information required from a natural person

Title

Initials

First Name

Surname

ID/Passport Number

C. Information required from a juristic person

Name

Country of Registration

Registration Number

D. Information required from both natural and juristic persons

Physical Address

Postal Code

Date of appointment

	Financial Product	A. Advice	B. Intermediary Services
1	CATEGORY I		
1.1	Long-term Insurance: Category A	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Short-term Insurance: Personal Lines	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Long-term Insurance: Category B	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Long-term Insurance: Category C	<input type="checkbox"/>	<input type="checkbox"/>
1.5	Retail Pension Benefits	<input type="checkbox"/>	<input type="checkbox"/>
1.6	Short-term Insurance: Commercial Lines	<input type="checkbox"/>	<input type="checkbox"/>
1.7	Pension Fund Benefits (excluding Retail Pension Benefits)	<input type="checkbox"/>	<input type="checkbox"/>
1.8	Securities and Instruments: Shares	<input type="checkbox"/>	<input type="checkbox"/>
1.9	Securities and Instruments: Money market instruments	<input type="checkbox"/>	<input type="checkbox"/>
1.10	Securities and Instruments: Debentures and securitised debt	<input type="checkbox"/>	<input type="checkbox"/>
1.11	Securities and Instruments: Warrants, certificates and other instruments acknowledging	<input type="checkbox"/>	<input type="checkbox"/>
1.12	Securities and Instruments: Bonds	<input type="checkbox"/>	<input type="checkbox"/>
1.13	Securities and Instruments: Derivative instruments	<input type="checkbox"/>	<input type="checkbox"/>
1.14	Participatory interests in Collective Investment Schemes	<input type="checkbox"/>	<input type="checkbox"/>
1.15	Foreign currency denominated investment instruments	<input type="checkbox"/>	<input type="checkbox"/>
1.16	Health Service Benefits	<input type="checkbox"/>	<input type="checkbox"/>
1.17	Deposits as defined in the Banks Act – exceeding 12 months	<input type="checkbox"/>	<input type="checkbox"/>
1.18	Deposits as defined in the Banks Act – 12 months or less	<input type="checkbox"/>	<input type="checkbox"/>
1.19	Friendly Society Benefits	<input type="checkbox"/>	<input type="checkbox"/>

Form FSP 5A

KEY INDIVIDUAL(S) OF REPRESENTATIVES

FSP Name

FSP No

A. Representatives Name

B. Key Individual of Representatives Name

Title

Initials

First Name

Surname

ID/Passport Number

Date of appointment

C. Financial Services and Products

	Financial Product	A. Advice	B. Intermediary Services
1	CATEGORY I		
1.1	Long-term Insurance: Category A	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Short-term Insurance: Personal Lines	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Long-term Insurance: Category B	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Long-term Insurance: Category C	<input type="checkbox"/>	<input type="checkbox"/>
1.5	Retail Pension Benefits	<input type="checkbox"/>	<input type="checkbox"/>
1.6	Short-term Insurance: Commercial Lines	<input type="checkbox"/>	<input type="checkbox"/>
1.7	Pension Fund Benefits (excluding Retail Pension Benefits)	<input type="checkbox"/>	<input type="checkbox"/>
1.8	Securities and Instruments: Shares	<input type="checkbox"/>	<input type="checkbox"/>
1.9	Securities and Instruments: Money market instruments	<input type="checkbox"/>	<input type="checkbox"/>
1.10	Securities and Instruments: Debentures and securitised debt	<input type="checkbox"/>	<input type="checkbox"/>
1.11	Securities and Instruments: Warrants, certificates and other instruments acknowledging	<input type="checkbox"/>	<input type="checkbox"/>
1.12	Securities and Instruments: Bonds	<input type="checkbox"/>	<input type="checkbox"/>
1.13	Securities and Instruments: Derivative instruments	<input type="checkbox"/>	<input type="checkbox"/>
1.14	Participatory interests in Collective Investment Schemes	<input type="checkbox"/>	<input type="checkbox"/>
1.15	Foreign currency denominated investment instruments	<input type="checkbox"/>	<input type="checkbox"/>
1.16	Health Service Benefits	<input type="checkbox"/>	<input type="checkbox"/>
1.17	Deposits as defined in the Banks Act – exceeding 12 months	<input type="checkbox"/>	<input type="checkbox"/>
1.18	Deposits as defined in the Banks Act – 12 months or less	<input type="checkbox"/>	<input type="checkbox"/>
1.19	Friendly Society Benefits	<input type="checkbox"/>	<input type="checkbox"/>

COMPLIANCE OFFICER OF FSP

FSP Name

FSP No

Are you required to have a compliance officer? (See note below) Yes No

NOTE:

In terms of section 17(1) of the Act, every FSP with one or more representatives or more than one key individual must appoint one or more compliance officers. A sole proprietorship, without any representative(s), does not require the appointment of a compliance officer.

The compliance function of the FSP may be seated in-house (i.e. within the FSP) or may be outsourced. If such compliance function is outsourced to a compliance practice, the compliance practice must have already obtained the approval of the Registrar. If the FSP intends making use of a compliance practice to fulfill its compliance function, the name of the individual(s) who has been designated as the compliance officer for the particular FSP, must also be provided.

Should an FSP house its compliance function internally and the designated compliance officer of the FSP is a director (in the case of a company), member (in the case of a close corporation), auditor, trustee, principal officer, public officer or company secretary, the requirements laid down for compliance officers as required per Board Notice 83 dated 8 August 2003 are not applicable. **All compliance officers must complete Form FSP 13 (Approval as Compliance Officer) and submit the application to the Registrar. If the FSP has more than one compliance officer, a separate form for each compliance officer must be completed.**
Explanatory notes (*The number next to the note refers to the relevant fields that must be completed.*)

A. Provide FSB Reference Number if already approved

In cases where the compliance officer has already been approved by the Registrar, provide the reference number allocated to the compliance officer.

B. Name of the compliance practice (where applicable)

Provide the name of the compliance practice. If the compliance function has been outsourced, provide the name of the compliance officer as required per C below. If the compliance officer has already been approved provide the reference number allocated to the compliance practice (refer to Form FSP13).

C. Name of the compliance officer (whether outsourced or not)

Provide the full names of the compliance officer and his/her identity number. If the FSP intends to outsource this function, the name of the practice, if applicable, must also be provided.

D. Approval of the compliance practice and/or compliance officer

If the application for approval as a compliance practice and or compliance officer is accompanying this application form, indicate this in the space provided.

E. Relationship with the FSP

Provide details of the relationship of the compliance officer with the FSP.

F. All applicants must provide full details in terms of the FAIS requirements of the ability of the compliance officer to function independently and objectively. The compliance officer must be able to function, as regards the internal organisational structure of the business, in a manner ensuring that no actual or potential conflicts of interests arise as regards the duties and functions of other employees and, in particular the internal audit and control functions, and as regards the functions of any representative. Indicate on Form FSP 14 that the document is attached.

A. Compliance practice FSB number	28
B. Compliance Practice	
B1 Name of compliance practice	Intermediary Support Services (SA) (Pty) Ltd
B2 Date of appointment	22 August 2006
C. Compliance Officer	
C1 Name of compliance officer responsible	Alan John Holton
C2 ID number of compliance officer responsible	460905 5014 082
C3 Date of appointment	22 August 2006

Form FSP 6- Page 2 of 2

D. Approval as compliance practice and/or compliance officer

Is *Form – FSP13* (Application for approval as a compliance officer) attached? **Yes** **No**

E. Relationship with FSP (Type of compliance officer)

Member of close corporation	<input type="checkbox"/>	Partner	<input type="checkbox"/>
Trustee	<input type="checkbox"/>	Director	<input type="checkbox"/>
Auditor	<input type="checkbox"/>	Company secretary	<input type="checkbox"/>
Other compliance officer* (whether internal or outsourced) Outsourced	<input type="checkbox"/>	Principal officer	<input type="checkbox"/>
		Public officer	<input type="checkbox"/>

* Other compliance officer refers to *"any other person with suitable qualifications and experience..."* as referred to in Section 17(1)(b) of the Act

F. Provide details of why it is believed that the compliance officer will be able to function independently and objectively from the FSP on a separate document attached to the application form. The compliance officer must sign this document.

OPERATIONAL ABILITY

FSP Name

FSP No

Explanatory notes *(The number next to the note refers to the relevant fields that must be completed.)*

- A.** All Financial Services Providers must complete the questionnaire in Section A – General questions.
- B.** All Financial Services Providers must complete these questions.

A Operational ability - General Questions

		Yes	No
1	Do you have a fixed business address?	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you have adequate access to communication facilities including at least, a full-time telephone or cell phone service, typing and document duplication facilities?	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you have adequate storage and filing systems for the safekeeping of records, business communications and correspondence?	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you have an account with a registered bank, including, where required by the Act, a specific account for depositing client moneys?	<input type="checkbox"/>	<input type="checkbox"/>
5	Have you established compliance and reporting arrangements for your FSP activities?	<input type="checkbox"/>	<input type="checkbox"/>
6	Do your compliance arrangements specify how often compliance with procedures are monitored and reported on?	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you use a documented process to maintain the adequacy of your compliance and monitoring arrangements?	<input type="checkbox"/>	<input type="checkbox"/>
8	Do you document processes to ensure records are kept of training programmes attended, including continued educational training, for your key individuals and/or representatives?	<input type="checkbox"/>	<input type="checkbox"/>
9	Do you have documented processes for the supervision and monitoring of your representatives to ensure that they comply with the Act?	<input type="checkbox"/>	<input type="checkbox"/>
10	Do you use a documented process to ensure that all representatives are trained, competent and will provide financial services on your behalf efficiently, honestly and fairly?	<input type="checkbox"/>	<input type="checkbox"/>
11	Do you have guarantees, professional indemnity or fidelity insurance cover in respect of the clients of the provider or representatives?	<input type="checkbox"/>	<input type="checkbox"/>
12	Will any substantial activities (except the compliance function) of the FSP be outsourced? (If Yes answer question 13)	<input type="checkbox"/>	<input type="checkbox"/>

13 Outsourcing

		Yes	No
13.1	Do you have written service level agreements in place?	<input type="checkbox"/>	<input type="checkbox"/>
13.2	Do you have a process in place to ensure that providers selected for any outsourced functions are suitable?	<input type="checkbox"/>	<input type="checkbox"/>
13.3	Is the outsourced entity an approved FSP?	<input type="checkbox"/>	<input type="checkbox"/>
13.4	To whom will you be outsourcing these activities?		
	<input type="checkbox"/> Independent party <input type="checkbox"/> Related party <input type="checkbox"/> Both		
13.5	What function(s) will be outsourced?		
13.6	What is the name of the entity to which you intend outsourcing?		

B	Compliance with the Financial Intelligence Centre Act, 2001, where applicable	Yes	No
1	Do you have written internal rules in place as required by the Financial Intelligence Centre Act (Act no. 38 of 2001)?	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you have processes in place to ensure compliance with your identification, verification, record-keeping and reporting obligations under Act no. 38 of 2001?	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you have processes in place to ensure that employees receive training in respect of and are aware of their obligation to report suspicious transactions?	<input type="checkbox"/>	<input type="checkbox"/>

FINANCIAL SOUNDNESS

The assets of an applicant (excluding goodwill and other intangible assets) must exceed the Applicant's liabilities (excluding loans validly subordinated in favour of all other creditors), subject to any exemptions granted.

FSP Name

FSP No

Explanatory notes

- A. A detailed breakdown of assets and liabilities must be provided. Provide the details as requested. If this is the first year of business, indicate as such. Attach a copy of your latest financial statements.
In the case where this is the first year of business, provide estimated values of commission and/or fees receivable in connection with the financial services to be provided.

A. Financial Information

Is this your first year of business? Yes No

Date of latest available financial statements (dd/mm/yy)	____/____/____
Assets and liabilities	R
Fixed assets	
Current assets	
Intangible assets and goodwill	
Long-term liabilities	
Short-term liabilities	
Sub-ordinated loan agreements	
Assets excluding intangible assets and goodwill less liabilities excluding subordinated loan agreements	

EXTERNAL AUDITOR

FSP Name

FSP Number

Are you required to appoint an external auditor? Yes No

NOTES: Not all FSP's are required to appoint an external auditor. However, in terms of the generic exemption granted per Board Notice 96 of 2003, all FSP's receiving client funds are required to appoint an external auditor.

Explanatory notes *(The number next to the note refers to the relevant fields that must be completed.)*

- A. The external audit firm's details must be provided. If the audit firm has more than one area of operation, please indicate the office that will be responsible for the FSP's audit. If the FSP changes auditors, it must apply to the Registrar for approval of their newly appointed auditor.
- B. Provide details of the partner responsible for the FSP's audit.
- C. The external auditor of the FSP must provide the answers to all questions.
- D. Provide the date of appointment of the audit firm.

A. Audit firm detail

Firm's name

Practice number

Physical address

Postal code

Postal address

Postal code

Telephone number

Fax number

Responsible office

Form FSP9 - Page 2 of 2

B. Responsible partner detail

Title	<input type="text"/>
Initials	<input type="text"/>
Full names	<input type="text"/>
Surname	<input type="text"/>
Telephone number	<input type="text" value="-"/>
E-mail address	<input type="text"/>
Branch or office	<input type="text"/>

C. Questions

	Yes	No
Do you believe that your firm is organisationally independent from the FSP, or the group of which it is a part of, and able to maintain an objective frame of mind in accomplishing its responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Does your firm ensure that its audit approach is kept up to date with regard to developments in the profession and within the financial statements industry?	<input type="checkbox"/>	<input type="checkbox"/>
Are you of the opinion that you have sufficient and relevant knowledge of the industry for the engagement?	<input type="checkbox"/>	<input type="checkbox"/>
Is the responsible partner qualified to act as an auditor under the Public Accountants' and Auditors' Act, 1991?	<input type="checkbox"/>	<input type="checkbox"/>
Does your firm have access to a library with up-to-date sources of relevant statements, standards, legislation, regulation, literature, trends, and developments within the financial services industry?	<input type="checkbox"/>	<input type="checkbox"/>

D. Date of appointment of external audit firm

E. Auditors signature

**NOMINEE COMPANY OR INDEPENDENT CUSTODIAN OF
DISCRETIONARY/ ADMINISTRATIVE FSP**

FSP Name

FSP No

Instructions:

Complete a separate *Form – FSP 10A* for each shareholder, director or trustee of the nominee company or independent nominee.

1. Details of nominee

Indicate whether the nominee is a trust or nominee company:

Trust

Nominee company

Name of nominee

Country of registration

Registration number/
Masters reference number

Business address

Postal code

Postal address

Postal code

Telephone number

Fax number

Form FSP10 - Page 2 of 2

2. Auditor of the nominee

A. Audit firm's detail

Firm's name

Practice number

Physical address

Postal code

Postal address

Postal code

Telephone number

Fax number

B. Responsible Partner

Title

Initials

Full names

Surname

Telephone number

E-mail address

Branch or office

3. Financial year-end

4. Contact person of the nominee

Mobile number of contact person

E-mail address of contact person

SHAREHOLDERS, DIRECTORS OR TRUSTEES OF THE NOMINEE COMPANY OR INDEPENDENT CUSTODIAN

Instructions:

Make copies of the form, for each of the above, where required.

Indicate the most appropriate option and provide the relevant information as applicable:

1. Director Date appointed
2. Shareholder Percentage shareholding
- Date shareholding obtained
3. Trustee Date appointed

*Natural Person

To distinguish natural persons from juristic persons human beings are referred to as natural persons.

*Juristic Person

A juristic person is recognised as a separate legal entity apart from its members and natural persons, who form part of it. The juristic person can act through its members only, the result of such action being that only the juristic person acquires rights and incurs duties and not its members in their personal capacity e.g. Company, banks, etc.

Information required from natural person

Title

Initials

First name

Surname

ID/Passport number

Date of birth

Information required from a juristic person

Name

Country of registration

Registration number/
Masters reference number

Contact person

Contact person's
telephone number

Form FSP 10A - Page 2 of 2

Information required from both a natural and juristic person

Physical address

Postal code

Postal address

Postal code

Telephone number

Fax number

Mobile phone number

CLEARING FIRM OR FOREIGN FOREX SERVICES PROVIDERS

(Information required from FSPs involved in forex investment business in terms of section 2 of the Financial Advisory and Intermediary Services Regulations on Foreign Forex Services Providers and Clearing Firms, 2003)

FSP Name

FSP No

Instructions:

In terms of section 2 of the Financial Advisory and Intermediary Services Regulations on Foreign Forex Services Providers and Clearing Firms, 2003, a Financial Services Provider may only appoint a clearing firm based outside the Republic, or a foreign forex service provider, if such a clearing firm or foreign forex services provider is regulated by a foreign regulator acceptable to the Registrar.

Please complete a separate form for each clearing firm of foreign forex services provider applying for approval.

1.1 Clearing Firm

1.2 Foreign Forex Services Provider

Name of entity

Country of registration

Registration number

Business address

Postal code

Postal address

Postal code

Telephone number

Fax number

Contact person or compliance officer

E-mail address

Is the clearing firm or foreign forex services provider required to be authorised for the conduct of forex investment business in the country in which it's operating from?

Yes

No

If yes, provide the name of foreign regulator/s

APPLICATION FOR SPECIFIC EXEMPTIONS

FSP Name

FSP No

Instructions:

Two types of exemptions may be granted by the Registrar of FSP's in terms of sections 12 and 44 of the Act. On the one hand a generic exemption may be granted which will affect all FSP's or categories of FSP's. Such generic exemption, will, in accordance with the provisions of this section be published in the government gazette.

Examples of generic exemption(s) which have already been published:

- (a) Exemption of Financial Services Providers as regards Representatives, granted per Board Notice 95 of 2003.
- (b) Exemptions of investment managers and linked investment service providers, and their related functionaries, from certain fit and proper requirements, granted per Board Notice 97 of 2003.
- (c) Exemption of certain Financial Services Providers from requirements pertaining to audited financial statements and financial soundness, granted per Board Notice 96 of 2003.

On the other hand, as far as specific exemptions from the Act, which includes subordinate legislation, are concerned, a FSP is required to specifically make a request for such exemption and provide the necessary justification for such request with the licence application.

A. Exemptions from the Act (excluding exemptions from subordinate legislation)

The financial services provider ("FSP") must clearly indicate all the relevant sections of the Act (excluding subordinate measures promulgated there under) where an exemption is sought. Reasons for requesting the exemptions must be provided in a separate document that is numbered and attached to the application. Please note that the Registrar will consider the exemptions sought on a case-by-case basis, provided that full motivation for the exemption is furnished.

B. Exemptions from subordinate legislation

The FSP must clearly indicate all the relevant sections of the subordinate measures promulgated under the FAIS Act from which an exemption is sought. Reasons for requesting the exemptions must be provided in a separate document that is numbered and attached to the application. Please note that the Registrar will consider the exemptions sought on a case-by-case basis, provided that full motivation for the exemption is furnished.

A. Exemptions from the Act			
No.	Section	Description of exemption required	Documentation attached containing reason
A1			
A2			
A3			
A4			
A5			

B. Exemption from other subordinate measures promulgated under the FAIS Act				
No.	Subordinate legislation	Section	Description of exemption required	Documentation attached containing reason
B1				
B2				
B3				
B4				
B5				

APPLICATION FOR APPROVAL AS COMPLIANCE OFFICER

All persons applying for approval as compliance officers in terms of section 17(2) of the Financial Advisory and Intermediary Services Act, 2002 (the Act) must complete this form.

Before submitting the application form, obtain a reference number from the Registrar at Toll free number 0800110443. The reference number should also be used as the reference number if you deposit the application fee directly into the following bank account: Standard Bank, Menlyn branch. Account number 012746363. Application forms without a reference number will not be processed.

If the application accompanies an application for the approval of a Financial Services Providers (FSP), this form must be attached to the FSP application form and the compliance officer's name and reference number must be indicated on *Form – FSP6*.

The compliance function of the FSP may be seated in-house (i.e. within the FSP) or may be outsourced. If such compliance function is outsourced to a compliance practice, the compliance practice must have already obtained the approval of the Registrar. If the FSP intends making use of a compliance practice to fulfill its compliance function, the name of the individual(s) who has been designated as the compliance officer for the particular FSP, must also be provided.

In terms of section 17(2) of the Act the following persons may be appointed as a compliance officer for an FSP: Sole proprietor, Member (in the case of a close corporation), Trustee (in the case of a trust), Partner, Director (in the case of a company), Company secretary, Principal Officer or Auditor of the FSP. The Act also provides for other persons to be appointed as compliance officers (referred to as other compliance officers) if such other persons comply with the qualifications and experience requirements laid down for Compliance Officers as required per Board Notice 83 dated 08 August 2003.

Form - FSP 13A

- 1.1 The compliance officer's name must be provided. In the case of compliance practice provide the name of the compliance practice (refer to note 1.2 below).
- 1.2 A compliance officer may be employed by the financial service provider (internal) or by a compliance firm (external) that provides compliance functions to the financial services provider.
- 1.3 A compliance officer must be a natural person, please note that if the compliance practice is a juristic person, a natural person must be appointed by the compliance practice to fulfill duties for a specific financial services provider.

Form – FSP 13B

2. Provide the name of the natural person responsible for the compliance function if the applicant is a compliance practice. Note that the Registrar must approve each person that will be responsible for a financial services provider's compliance functions and a separate form must be completed for each person in the practice.

Form – FSP 13C

This form must be completed by every natural person (internal and external).

- 3.1/3.2 In terms of the determination of criteria and guidelines for the approval of compliance officers, the compliance officer must comply with the same fit and proper requirements with regard to personal character qualities of honesty and integrity as determined by section 8(1) of the Act.
- 3.3 All applicants must provide full details. In terms of the determination of criteria and guidelines for the approval of compliance officers, a compliance officer must have appropriate knowledge of the Act and the duties of an FSP.
- 3.4 A compliance officer who is not the sole proprietor, member (in the case of a close corporation), trustee (in the case of a trust), partner, director (in the case of a company), company secretary, principal officer or auditor of the FSP must complete this section and indicate what qualification and experience category the compliance officer falls under. Refer to paragraph 2 of Board Notice 83 of 2003.
- 3.5 A compliance officer who is not the sole proprietor, member (in the case of a close corporation), trustee (in the case of a trust), partner, director (in the case of a company), company secretary, principal officer or auditor of the FSP must complete this section and indicate the compliance officer's relevant experience applicable to the financial services industry.

APPLICATION FOR APPROVAL AS A COMPLIANCE OFFICER

1.1

Name of compliance officer	
----------------------------	--

Compliance officer reference No	
---------------------------------	--

1.2 Type of compliance officerIn-house

Compliance officer is an employee of a specific financial services provider and will only act as the compliance officer of that financial service provider

Compliance practice

Compliance officer renders compliance functions for more than one financial services provider and acts in a personal capacity or is a corporate or incorporate body

1.3 Type of person:*Natural Person

To distinguish natural persons from juristic persons, humans are referred to as being natural persons.

*Juristic Person

A juristic person is recognised as a separate legal entity apart from its members and natural persons who form part of it. The juristic person can act through natural persons only, the result of such action being that only the juristic person acquires rights and incurs duties and not such natural persons in their personal capacities e.g. Company, bank, etc.

Information required from natural person

Title	
-------	--

Initials	
----------	--

First name	
------------	--

Surname	
---------	--

ID/Passport number	
--------------------	--

Date of birth	
---------------	--

Information required from a juristic person

Name	
------	--

Country of registration	
-------------------------	--

Registration number	
---------------------	--

Contact person	
----------------	--

Contact person's telephone code and number	
--	--

Information required from both natural and juristic persons

Physical address	
------------------	--

Postal code	
-------------	--

Postal address	
----------------	--

Postal code	
-------------	--

telephone code and number		
---------------------------	--	--

Fax code and number		
---------------------	--	--

Mobile phone number	
(if applicable)	

Email address	
(if applicable)	

APPLICATION FOR APPROVAL AS A COMPLIANCE OFFICER

2. Detail of natural persons providing compliance officer services on behalf of the compliance practice

Instructions:

If the compliance officer is an compliance practice, a separate form must be completed for each natural person acting on behalf of the compliance officer

Title	
-------	--

Initials	
----------	--

First name	
------------	--

Surname	
---------	--

ID/Passport number	
--------------------	--

Date of birth	
---------------	--

Information required from a juristic person

Name	
------	--

Country of registration	
-------------------------	--

Registration number	
---------------------	--

Contact person	
----------------	--

Physical address	
------------------	--

Postal code	
-------------	--

Postal address	
----------------	--

Postal code	
-------------	--

telephone code and number		
---------------------------	--	--

Fax code and number		
---------------------	--	--

Mobile phone number (if applicable)	
--	--

Email address	
---------------	--

APPLICATION FOR APPROVAL AS A COMPLIANCE OFFICER

Name of compliance officer

3. Questions**3.1 Fit and proper requirements – honesty and integrity questions**

If the answer to any of these questions is YES, provide full details and attach to the application form and signed by the compliance officer

Questions	Yes	No
1 Has an adverse finding been made against you within a period of five years preceding the date of application in any civil or criminal proceedings by a court of law (whether in the Republic of South Africa or elsewhere) in which you were found to have acted fraudulently, dishonestly, unprofessionally, dishonourably or in breach of a fiduciary duty?	<input type="checkbox"/>	<input type="checkbox"/>
2 Have you within a period of five years preceding the date of application been found guilty by any professional or financial services industry body (whether in the Republic or elsewhere), of an act of dishonesty, negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
3 Have you within a period of five years preceding the date of application been denied membership of any body referred to in paragraph 2 on account of an act of dishonesty, negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
4 Have you within a period of five years preceding the date of application been found guilty by any regulatory or supervisory body (whether in the Republic or elsewhere) of an act of dishonesty, negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
5 Have you within a period of five years preceding the date of application been found guilty by any regulatory or supervisory body (whether in the Republic or elsewhere), recognised by the Board, or has an authorisation to carry on business has been refused, suspended or withdrawn by any such body on account of an act of dishonesty, negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
6 Have you at any time prior to the date of application been disqualified or prohibited by any court of law (whether in the Republic or elsewhere) from taking part in the management of any company or other statutorily created, recognised or regulated body, irrespective whether such disqualification has since been lifted or not?	<input type="checkbox"/>	<input type="checkbox"/>

3.2 Additional information

If the answer to any of these questions is YES, provide full details signed by the compliance officer and attach to the application form.

Questions	Yes	No
1. Have you been refused the right to carry on or restricted from carrying on a trade, business or profession for which a specific licence, registration or other authority is required by law in any country?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been issued with a prohibition order under any Act administered by the Financial Services Board or been prohibited by other regulatory bodies from operating in the financial services industry?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been involved with a corporation, which has been censured, disciplined, suspended or refused membership or registration by a stock exchange, futures exchange, other market or regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you had any judgment (including a finding of fraud, misrepresentation or dishonesty) given against you in any civil proceedings, in South Africa or elsewhere or are there any proceedings now pending which may lead to such a judgment?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you knowingly or negligently aided or abetted other persons in the breaching of any laws, regulations, exchange rules and/or codes of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been the subject of any investigation or disciplinary proceedings by any regulatory authority (whether in the Republic or elsewhere) or exchange, professional body or government body or agency?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has your estate ever been sequestered?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been a controlling shareholder, director of a company or member of a close corporation at the time it was placed under judicial management or in provisional or final liquidation?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been refused a licence or registration in any place under any law, which requires licensing or registration in relation to securities, futures, leveraged foreign exchange or insurance activities?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been refused authorisation to carry on business by any regulatory body (whether in the Republic or elsewhere), recognised by the Financial Services Board or has such authorisation ever been suspended or revoked by any such body, because of negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have any additional information, which should be brought to the Registrar's attention, which may have an impact on the evaluation, by the Registrar of your good character and integrity?	<input type="checkbox"/>	<input type="checkbox"/>

3.3 Provide details of how you have gained sufficient and appropriate knowledge of the provisions of the Act

3.4 Qualification requirements for other compliance officers

List all qualifications relevant to the financial services or compliance function that you have obtained

Are you appointed as a compliance officer by virtue of another law?
If Yes provide details

Yes No

Institution that issued the qualification	Qualification	Year obtained

3.5 Employment history

Provide full details of employment history relating to financial services and compliance.

Dates of employment (dd/mm/yyyy – dd/mm/yyyy)	Employer	Position held	Details of responsibilities

ATTACHMENTS AND FORMS COMPLETED

FSP Name

FSP No

Indicate whether the following forms are attached and the number of forms.

Form No	Complete	Number of copies attached
FSP 1	<input type="checkbox"/>	
FSP 2	<input type="checkbox"/>	
FSP 3	<input type="checkbox"/>	
FSP 4	<input type="checkbox"/>	
FSP 5	<input type="checkbox"/>	
FSP 6	<input type="checkbox"/>	
FSP 7	<input type="checkbox"/>	
FSP 8	<input type="checkbox"/>	
FSP 9	<input type="checkbox"/>	
FSP 13	<input type="checkbox"/>	
FSP 14A	<input type="checkbox"/>	
FSP 14B	<input type="checkbox"/>	

Have all of your representative's details been submitted together with the application form?
 Yes No

Clearly indicate any attachments that have been included with this application form.

Attachment A	
Attachment B	
Attachment C	
Attachment D	
Attachment E	
Attachment F	
Attachment G	
Attachment H	
Attachment I	
Attachment J	

Indicate the number of certified copies of the licence that will be required in terms of section 8(5)(a)(ii) of the Act.

Note that a service fee is payable for each certified copy

Number of certified copies:

Declaration by the Financial Services Provider

(A Key Individual of a close corporation, partnership and sole proprietor or the managing director or chief executive officer of a company must sign this declaration)

I confirm that the information contained in this application is to the best of my knowledge and belief, accurate and complete.

I hereby acknowledge and accept that, if this application is granted, the Financial Services Provider will be subject to the jurisdiction of the Ombud as defined in section 1(1) of the Act. Furthermore, I acknowledge and accept that the Ombud may make determinations in terms of the provisions of section 28 of the Act.

Name: _____

Capacity: _____

Date: _____

Signature: _____

FSP Name

FSP No

CALCULATION OF APPLICATION FEE

		Fee in ZAR	Number required	Total Fee
1	Application for the issue of a licence for the rendering of a financial service as a financial services provider (excluding an administrative FSP and a discretionary FSP) for the rendering of advice and/or intermediary service.	R1200		
2	Application for the issue of a licence for rendering financial services as a discretionary FSP.	Not Applicable		
3	Application for the issue of a licence as a discretionary FSP in addition to a licence referred to in (1.1) and (1.4).	Not Applicable		
4	Application for the issue of a licence for rendering intermediary service as an administrative FSP.	Not Applicable		
5	Application for the issue of a licence as an administrative FSP in addition to a licence referred to in (1.1) and (1.2)	Not Applicable		
6	Application for approval as a key individual of a financial services provider.	R220 per key individual		
7	Application for approval as a Compliance officer: <ul style="list-style-type: none"> • Exercise of the functions referred to in section 2(c)(i), (ii) and (iii) of the Determination of Criteria and Guidelines for Approval of Compliance Officers, 2003. • Exercise of other functions referred to in the said Determination. 	R875 R300		
8	Application for approval of a financial services provider's auditor in terms of section 19 of the Act.	R140		
9	Amendment of a licensing restriction regarding a limitation on the financial product/s in respect of which advice and/or intermediary service is rendered.	R720		
10	Amendment of a licensing condition or restriction not referred to in 9 above.	R450		
11	Application for exemption from any provision of the Act (excluding exemption in terms of section 12 of Act) submitted with an application for a licence as financial services provider.	R4200		
12	Application for exemption from any provision of the Act, after licensing.	R4800		
13	Application by a financial services provider for approval of an additional key individual.	R220 per Key Individual		
14	Application for a change in name of a financial services provider.	R250		
15	Additional certified copy of licence certificate in terms of section 8(5)(a)(ii) of the Act	R50 per copy		
16	Application for reprinting of licence certificate.	R150		
TOTAL				