

FINANCIAL SERVICES PROVIDER (FSP) INTERMEDIARY AGREEMENT APPLICATION

1. Financial Services Provider Statement

I/We	(name of FSP)
<p>The undersigned hereby offer to enter into Financial Services Provider Intermediary Agreement with the Product Providers listed hereunder, to enable me/us to promote and market the Financial Products on the terms and conditions contained in this Financial Services Provider Intermediary Agreement and its Annexures, the contents of which I have familiarised myself with.</p> <p>A copy of Annexures will be provided upon the successful processing of this application.</p> <p>Data Privacy</p> <p>The privacy of your information is a top priority for Hollard and the Administrator. In order to provide you with our service, we and our service providers have to process the personal information provided in this form to complete your instruction. We will treat this information with caution and have put the necessary security measures in place in place to protect it.</p>	

No.	Product Provider	Financial Product
1.1	<p>Hollard Life Assurance Company Limited 22 Oxford Rd, Parktown, Johannesburg, 2193 Tel: 0860 202 202 Fax: +27 (0)11 351 3816 Hollard Life Assurance Company Limited (Reg. No.1993/001405/06), is a licensed Life Insurer and authorised Financial Services Provider Licence No. 17697</p>	<p>Hollard Living Annuity Hollard Guaranteed Growth Plan Hollard Guaranteed Income Plan Hollard Wealth Accumulator Hollard Linked Endowment (Including Limited Edition Product range where applicable, and any other product classified as a linked endowment)</p>
1.2	<p>Hollard Life Retirement Annuity Fund c/o Hollard Life Assurance Company Limited Fund Registration Number: 12/8/14819 22 Oxford Rd, Parktown, Johannesburg, 2193 Tel: 0860 202 202 Fax: +27 (0)11 351 3816 Hollard Life Assurance Company Limited (Reg. No.1993/001405/06), is a licensed Life Insurer and authorised Financial Services Provider Licence No. 17697</p>	<p>Hollard Life Retirement Annuity Fund</p>
1.3	<p>Regent Life Retirement Annuity Fund c/o Hollard Specialist Life Limited Fund Registration Number: 1218/36230 22 Oxford Rd, Parktown, Johannesburg, 2193 Tel: 011 351 5000 Hollard Specialist Life Limited is an authorised Financial Services Provider Licence No. 18146</p>	<p>Hollard Retirement Accumulator</p>

1.4	Premier Product Solutions (Pty) Ltd Suite 206 Strauss Daly Building 41 Richfond Circle Ridgeside Office Park Umhlanga, Kwazulu Natal License No: 52376 Premier Product Solutions (Pty) Ltd is an authorised Financial Services Provider	Hollard Investment Plan Hollard Savings Plan Hollard Tax Free Savings Plan Any other product provided by Premier Product Solutions (Pty) Ltd
1.5	Premier Preservation Fund c/o Premier Benefits (Pty) Ltd Fund Registration number: 12/08/38197 Building 32 First Floor, Cambridge Office Park 5 Bauhinia Street Highveld Techno Park Centurion 0157	Hollard Preservation Plan
1.6	Premier Retirement Annuity Fund c/o Premier Benefits (Pty) Ltd Fund Registration number: 12/8/38196 Building 32 First Floor, Cambridge Office Park 5 Bauhinia Street Highveld Techno Park Centurion 0157	Hollard Retirement Annuity Plan

2. Requirements

2.1	The completed Financial Services Provider Intermediary Agreement Application must be emailed to customercare@hollardinvestments.co.za .														
2.2	The acceptance of the offer to contract will be subject to receipt of the following documents and the clearance of regulatory checks, e.g., Debarment, ITC, etc. and whatever other requirements the Product Provider might have at its sole discretion.														
2.3	Supporting Documents <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td> <td>Fully completed Financial Services Provider Intermediary Agreement Application Form</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Customer Due Diligence (CDD) documents as per the CDD requirements list available on the Hollard website www.hollard.co.za for the FSP/Directors/Shareholders/Key Individuals & Representatives</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Proof of banking details in the name of the FSP (Cancelled cheque or a bank statement not older than three months)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Copy of FSP FAIS License</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Copy of VAT certificate (If applicable)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>FSP Representative Application Form (if applicable), signed and duly completed by the Representative (See 'Appendix A' attached hereto). Should there be more than one representative of the FSP, please make a copy of the FSP Representative application form and attach it to this application.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Copy of the FSPs Complaints Management Framework / Policy</td> </tr> </table>	<input type="checkbox"/>	Fully completed Financial Services Provider Intermediary Agreement Application Form	<input type="checkbox"/>	Customer Due Diligence (CDD) documents as per the CDD requirements list available on the Hollard website www.hollard.co.za for the FSP/Directors/Shareholders/Key Individuals & Representatives	<input type="checkbox"/>	Proof of banking details in the name of the FSP (Cancelled cheque or a bank statement not older than three months)	<input type="checkbox"/>	Copy of FSP FAIS License	<input type="checkbox"/>	Copy of VAT certificate (If applicable)	<input type="checkbox"/>	FSP Representative Application Form (if applicable), signed and duly completed by the Representative (See 'Appendix A' attached hereto). Should there be more than one representative of the FSP, please make a copy of the FSP Representative application form and attach it to this application.	<input type="checkbox"/>	Copy of the FSPs Complaints Management Framework / Policy
<input type="checkbox"/>	Fully completed Financial Services Provider Intermediary Agreement Application Form														
<input type="checkbox"/>	Customer Due Diligence (CDD) documents as per the CDD requirements list available on the Hollard website www.hollard.co.za for the FSP/Directors/Shareholders/Key Individuals & Representatives														
<input type="checkbox"/>	Proof of banking details in the name of the FSP (Cancelled cheque or a bank statement not older than three months)														
<input type="checkbox"/>	Copy of FSP FAIS License														
<input type="checkbox"/>	Copy of VAT certificate (If applicable)														
<input type="checkbox"/>	FSP Representative Application Form (if applicable), signed and duly completed by the Representative (See 'Appendix A' attached hereto). Should there be more than one representative of the FSP, please make a copy of the FSP Representative application form and attach it to this application.														
<input type="checkbox"/>	Copy of the FSPs Complaints Management Framework / Policy														

3. Financial Service Provider Company Details

3.1	Company Details		
	Company Name:		
	FSP No.:		
	Income Tax No.:		

3.2	Company Address Details			
	Residential/Registered Address:			
	Complex Name:		Unit No:	
	Street/Farm Name:		Street No:	
	Suburb/District:			
	City/Town:		Code:	
	Postal Address:			
	Postal address is as per the residential address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "No", please complete a postal address below?
	Address Type:	<input type="checkbox"/> PO Box	<input type="checkbox"/> Private Bag	<input type="checkbox"/> Postnet Suite <input type="checkbox"/> Box/Bag/Suite No:
	Post Office Name:		Code:	

3.3	Branch Office Address Details		
	Branch Name:		
	If there is more than one FSP branch, please copy and complete this section and attach it to this application, taking note that the same process will apply for banking details at a branch level.		
	Residential/Registered Address:		
	Complex Name:		Unit No:
	Street/Farm Name:		Street No:
	Suburb/District:		
	City/Town:		Code:

Postal Address:					
Postal address is as per the residential address?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "No", please complete a postal address below?
Address Type:	<input type="checkbox"/> PO Box	<input type="checkbox"/> Private Bag	<input type="checkbox"/> Postnet Suite	<input type="checkbox"/> Box/Bag/Suite No:	
Post Office Name:				Code:	

3.4	Contact Details:			
	Full Name and Surname:			
	Office Tel:		Mobile:	
	Email:			

3.5	Type of Business (Tick and complete as appropriate)				
<input type="checkbox"/>	Partnership	ID No.:		Partner Name:	
		ID No.:		Partner Name:	
<input type="checkbox"/>	Sole Proprietor	ID No.:		Partner Name:	
		ID No.:		Partner Name:	
<input type="checkbox"/>	Close Corporation	Reg. No.:		Country of Reg.:	
		Reg. Date:		VAT No.:	
<input type="checkbox"/>	Company	Reg. No.:		Country of Reg.:	
		Reg. Date:		VAT No.:	

3.6	Financial Service Provider Representative Details	
	a. It is the FSP's responsibility to inform the Product Provider of any Appointments / Terminations.	
	b. Each Representative listed below needs to complete a FSP Representative Application form.	
	c. Each representative is required to complete a product accreditation assessment, as per the Product Specific training requirements stipulated in Board Notice 194 of 2017, prior to the representative being permitted to sell the applicable investment product. All product training material and assessments are available on the Hollard Secure Online website (https://online.hollardinvestments.co.za/login), which each representative will be given access to.	
	Name of Representative	ID No.

3.7	Financial Services Provider Key Individual		
	Title:		Full Name & Surname:
	ID/Passport No:		Cell:
	Contact Details:		
	Tel:		Email:

4. FSP Company and FSP Branch Bank Details

4.1	Please provide the banking details for the FSP to which Financial Advisor Initial and Annual Fees should be paid.
4.2	The bank account completed below should have been opened in excess of six months prior to this application and must be in the name of the company only.
4.3	All Financial Advisor Initial and Annual Fees will be paid by electronic transfer only.

4.4	FSP Company Bank Details:			
	Bank Name:		Branch Name:	Code:
	Account Holder:		Account No.:	
	Account Type:	<input type="checkbox"/> Savings	<input type="checkbox"/> Cheque/Current	<input type="checkbox"/> Transmission

4.5	FSP Branch Bank Details:			
	If the FSP Company has more than one branch, please copy and complete this section of the form and attach it to the application.			
	Bank Name:		Branch Name:	Code:
	Account Holder:		Account No.:	
	Account Type:	<input type="checkbox"/> Savings	<input type="checkbox"/> Cheque/Current	<input type="checkbox"/> Transmission

5. History of FSP Company/Principals/Members/Directors/Individuals

5.1	Has/have any Company/Companies and/or Independent Fund/s ever refused to give you a FSP Contract/s? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes", please supply details below:

5.2	Has/have any Company/Companies and/or Independent Fund/s ever cancelled a FSP contract with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes", please supply details below:

5.3	Has the FSP's license been revoked or have any of the FSP's representatives been debarred? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes", please supply details below:

6. Compliance Officer Details

6.1	Company Details	
	Company Name:	
	Practice No.:	
	Full Name and Surname:	
	Identity No.:	

6.2	Company Address Details			
	Residential/Registered Address:			
	Complex Name:		Unit No:	
	Street/Farm Name:		Street No:	
	Suburb/District:			
	City/Town:		Code:	
	Postal Address:			
	Postal address is as per the residential address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "No", please complete a postal address below?
Address Type:	<input type="checkbox"/> PO Box	<input type="checkbox"/> Private Bag	<input type="checkbox"/> Postnet Suite	<input type="checkbox"/> Box/Bag/Suite No:
Post Office Name:			Code:	

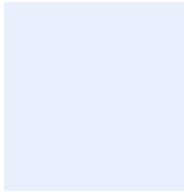
6.3	Contact Details:		
	Full Name and Surname:		
	Office Tel:		Mobile:
	Email:		

7. Declaration and Signature

I / we, the undersigned FSP hereby agree and declare that:	
7.1	I / we hereby offer to enter into a Financial Services Provider Intermediary Agreement with the Product Providers listed above, to enable me / us to promote and market the Financial Products on the terms and conditions contained in the Financial Services Provider Intermediary Agreement and its Annexures, the contents of which I have familiarised myself with.
7.2	The Product Providers will communicate their acceptance of this offer to me by sending the Financial Services Provider Intermediary Agreements and its Annexures to me / us.
7.3	I / we choose the residential address provided in 3.2, and the email address inserted in 3.4 of this document as our <i>domicilia citandi et executandi</i> for the service on us of all legal processes, notices, correspondence, and communications in terms of the Financial Services Provider Intermediary Agreement and its Annexures.
7.4	This Financial Services Provider Intermediary Application will form part of my contract with the Product Provider/s if my offer to contract is accepted. The Product Provider/s may amend the terms of the agreement in their sole discretion. You will be notified of any changes.
7.5	The signatories warrant that they are authorised to sign this document on behalf of the FSP.

Signed at _____ on this _____ day of _____
(Place) (Day) (Month & Year)

1st Authorised Signatory
Signature: 

2nd Authorised Signatory
Signature: 

Full Name in Print: _____
Official Capacity: _____

Full Name in Print: _____
Official Capacity: _____

APPENDIX A

FSP REPRESENTATIVE APPLICATION FORM

1.	Please supply a copy of ID and copy of proof of residential address (not older than 3 months) with this application form. The privacy of your information is a top priority for Hollard and the Administrator.
2.	In order to provide you with our service, we and our service providers have to process the personal information provided in this form to complete your instruction. We will treat this information with caution and have put the necessary security measures in place in place to protect it.
3.	Each representative is required to complete a product accreditation assessment, as per the Product Specific training requirements stipulated in Board Notice 194 of 2017, prior to you being permitted to market and distribute an investment product.
4.	All product training material and assessments are available on the Hollard Secure Online website (https://online.hollardinvestments.co.za/login), which you will be given access to.
5.	In addition to the Product Specific training requirements, the FSP is required to provide Hollard Investments with proof that Class of Business training has been completed for each representative for the class of financial products the FSP wishes to provide financial services for.

1. Representative Details

Title:		Full Name & Surname:			
ID/Passport No:					
Contact Details:					
Tel:		Fax:		Cell:	
Email:					

2. Declaration and Signature

2.1 I declare that I have read and understood the terms and conditions of this application form.

2.2 I confirm that the above details are true and correct.

Signed at _____ on this _____ day of _____
(Place) (Day) (Month & Year)

Authorised Key Individual
Signature:

Representative
Signature:

Full Name in Print: _____

Official Capacity: _____

Full Name in Print: _____

Official Capacity: _____
