

## APPLICATION FOR ADDITIONAL REPRESENTATIVES FOR EXISTING FSP CONTRACT

### 1. Important Information

- 1.1. Please supply a copy of your ID and copy of proof of residential address (not older than 3 months) with this form.
- 1.2. 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 to protect it.
- 1.3. 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.
- 1.4. 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.

### 2. Financial Services Provider (FSP) Company Details-The Contract Holder

FSP Name:			
FSP Branch Name:		FSP License No.:	
<b>Contact Details:</b>			
Tel:		Fax:	
Email:			

### 3. Representative Details

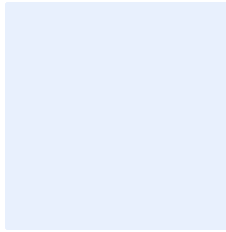
Title:			
Full Name and Surname:			
ID No.:			
<b>Contact Details:</b>			
Tel:		Mobile:	
Email:			

## 4. Declaration and Signature

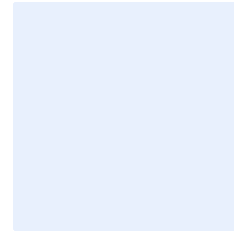
I hereby confirm that, in my capacity as representative of the FSP detailed herein, the above details for the representative are true and correct.

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

Authorised Key Individual  
Signature:



Representative Signature:



Full Name in Print:

\_\_\_\_\_

Full Name in Print:

\_\_\_\_\_

Capacity:

\_\_\_\_\_

Capacity:

\_\_\_\_\_