

FINANCIAL SERVICES PROVIDER (FSP) - CHANGE OF DETAILS FORM

1. Important Information and Requirements

1.1	The completed Financial Services Provider Change of Details Form must be emailed to customercare@hollardinvestments.co.za .								
1.2	Hollard Investments is a division of Hollard Life Assurance Company Limited and Hollard Investment Managers.								
1.3	Hollard cares about your privacy. In order to provide you with our service, we and our service provider have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.								
1.4	Supporting Documents <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Completed Change of Details Form</td> </tr> <tr> <td><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 should any details pertaining to the FSP and/or Directors/Shareholders/Key Individuals & Representatives change.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Change of Banking Details: 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><input type="checkbox"/></td> <td>Change of VAT / Income Tax Number: Confirmation of income tax number.</td> </tr> </table>	<input type="checkbox"/>	Completed Change of Details Form	<input type="checkbox"/>	Customer Due Diligence (CDD) documents as per the CDD requirements list available on the Hollard website www.hollard.co.za should any details pertaining to the FSP and/or Directors/Shareholders/Key Individuals & Representatives change.	<input type="checkbox"/>	Change of Banking Details: Proof of banking details in the name of the FSP (Cancelled cheque or a bank statement not older than three months).	<input type="checkbox"/>	Change of VAT / Income Tax Number: Confirmation of income tax number.
<input type="checkbox"/>	Completed Change of Details Form								
<input type="checkbox"/>	Customer Due Diligence (CDD) documents as per the CDD requirements list available on the Hollard website www.hollard.co.za should any details pertaining to the FSP and/or Directors/Shareholders/Key Individuals & Representatives change.								
<input type="checkbox"/>	Change of Banking Details: Proof of banking details in the name of the FSP (Cancelled cheque or a bank statement not older than three months).								
<input type="checkbox"/>	Change of VAT / Income Tax Number: Confirmation of income tax number.								

2. Financial Service Provider Details

2.1	Company Details	
	Company Name:	
	FSP Number	
	Income Tax Number	

3. Change of Financial Service Provider Company Details

Please only complete the details of which have changed.

3.1	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"/> es	<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 Suit	<input type="checkbox"/> Box/Bag/Suite No:	
Post Office Name:				Code:	

3.2	Branch Office Address Details				
Branch Name:					
If there is more than one FSP branch, please copy and complete this section and attached 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 Suit	<input type="checkbox"/> Box/Bag/Suite No:	
Post Office Name:				Code:	

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

3.4	Type of Business (Tick and complete as appropriate)				
<input type="checkbox"/>	Partnership	ID Number:		Partner Name:	
		ID Number:		Partner Name:	
<input type="checkbox"/>	Sole Proprietor	ID Number:		Partner Name:	
		ID Number:		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.:	

3.5	Financial Service Provider Representative Details		
	a. It is the FSP's responsibility to inform the Product Provider of any Appointments / Terminations.		
	b. Please provide copies of the representatives identity document and proof of address (not older than 3 months)		
	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 Number	Cell

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

4. Change of FSP Company and FSP Branch Bank Details

4.1	FSP Company Bank Details:			
	Bank Name:		Branch Name:	
			Code:	
	Account Holder:		Account Number:	
	Account Type:	<input type="checkbox"/> Savings	<input type="checkbox"/> Cheque/Current	<input type="checkbox"/> Transmission
		<input type="checkbox"/> Other:		

4.2	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 Number:		
	Account Type:	<input type="checkbox"/> Savings	<input type="checkbox"/> Cheque/Current	<input type="checkbox"/> Transmission	<input type="checkbox"/> Other:

5. Change of Compliance Officer Details

5.1	Company Details	
	Company Name:	
	Practice Number:	
	Full Name and Surname:	
	Identity Number:	

5.2	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 Suit	<input type="checkbox"/> Box/Bag/Suite No:
	Post Office Name:		Code:		

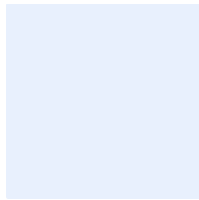
5.3	Contact Details:		
	Full Name and Surname:		
	Office Tel:		Mobile:
	Email:		

6. Declaration and Signature

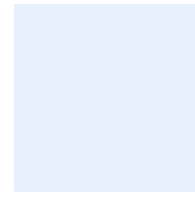
I / we, the undersigned FSP hereby agree and declare that:	
6.1	I/We confirm that all information provided in this form is correct.
6.2	I/We choose the residential address provided in 3.1, and the email address inserted in 3.3 of this document as our <i>domicilia citandi et executandi</i> for the service on us of all legal processes, notices, correspondence, and communications in terms of the Financial Services Provider Intermediary Agreement and its Annexures.
6.3	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: