

FSP ASSISTANT APPLICATION FOR ACCESS TO HOLLARD INVESTMENTS ONLINE

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

FSP Name:					
FSB Branch Name:			FSP License Number:		
Contact Details:					
Name:					
Tel:		Fax:		Email:	

2. FSP Assistant Details

<i>Please supply a certified copy of ID for the FSP Assistant with this application form.</i>					
Title:		Full Name & Surname:			
ID Number:					
Contact Details:					
Tel:		Fax:		Email:	

3. Financial Advisor Linking Details

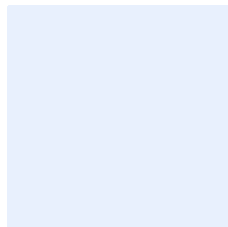
No.	Financial Advisor Name	
1.		2.
3.		4.
5.		6.

4. Declaration and Signature

I hereby confirm that, in my capacity as representative of the FSP detailed herein, the above details for the FSP Assistant are true and correct and I hereby grant the FSP Assistant with access to the above mentioned Financial Advisors and their respective clients on the Hollard Investments Online website (<https://online.hollardinvestments.co.za>)

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

Authorised Signatory of
FSP Signature:



Full Name in Print:
