

FSP ASSISTANT APPLICATION FOR ACCESS TO HOLLARD INVESTMENTS ONLINE

1.	Financ	ial	Servic	es Pro	vider (FS	SP) Cor	mpai	ny Det	ails-T	Γhe Cor	ntract F	Holder		
FSP N	Name:													
FSB Branch Name:						FSP License Number:								
Cont	Contact Details:													
Nam	e:													
Tel:	l:		Fax:	Fax:			Email:							
2.	FSP As	sist	tant D	etails										
	Plance cumply a cortified convert ID for the ESD Assistant with this application form													
Please supply a certified copy of ID for the FSP Assistant with this application form. Title: Full Name & Surname:														
	umber:	rui	i Naille o	Surname	•									
	act Details:	:												
Tel:				Fax:				Email:						
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3.	Financ	ial	Advis	or Link	ing Deta	iils								
No.	Financial	Advi	sor Nam	e										
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3.	3.				_									
5.							6.							
4.	Declar	atio	on and	d Signa	ture									
I herek	oy confirm t orrect and I	hat, here	in my cap eby grant	oacity as re	epresentative Assistant wit website (<u>ht</u>	h access	to the	above me	ntione	d Financial				
Signe	Signed at			on this			day	day of						
				(Place)	_		(Day)				(Mont	:h & Year)	
	orised Signa iignature:	atory	of											

Hollard Life Assurance Company Limited (Reg. No.1993/001405/06) a licensed life insurer FSP No.17697, and Hollard Investment Managers (Pty) Ltd (Reg. No.1997/001696/07), FSP No.32521 are authorised Financial Services Providers. 22 Oxford Road, Parktown, Johannesburg, 2193, Tel: 0860 202 202, Fax: +27 (0)11 351 3816, Email: customercare@hollardinvestments.co.za

Full Name in Print: