**FINANCIAL SERVICES PROVIDER (FSP) APPLICATION**

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| 1. Financial Services Provider Statement
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| I/We, the  |  | Undersigned (name of FSP) hereby offer to enter into  |
| Financial Services Provider agreements with the Product Providers listed hereunder, to enable me/us to promote and market the Financial Products on the terms and conditions contained in the standard Financial Services Provider Agreement and its Annexures, the contents of which I have familiarized myself with. |
|  |
| **No.** | **Product Provider** | **Financial Product** |
| **1.** | **Prime Collective Investment Schemes Management Company (Pty)(Ltd)**Suite 7, First Floor, Building B, Hurlingham Office Park, 59 Woodlands Avenue Hurlingham Manor, 2196Tel: +27 (0)10 594 2100 Fax: +27 (0)86 642 1880 | Hollard Prime Unit Trust Funds |
|  |  |  |
| **2.** | **Hollard Life Assurance Company Limited**22 Oxford Rd, Parktown, Johannesburg, 2193Tel: 0860 202 202 Fax: +27 (0)11 351 3816Hollard Life Assurance Company Limited is an authorised Financial Services Provider Licence No. 17697 | Hollard Living AnnuityHollard Guaranteed Growth PlanHollard Guaranteed Income PlanHollard Wealth AccumulatorHollard Linked Endowment (Including Limited Edition Product range where applicable) |
|  |  |  |
| **3.** | **Global Fund Administrators (Pty)(Ltd)**Suite 7, First Floor, Building B, Hurlingham Office Park, 59 Woodlands Avenue Hurlingham Manor, 2196Tel: +27 (0)10 594 2100 Fax: +27 (0)86 642 1880 Global Fund Administrators (Pty)(Ltd) is an authorized Financial Services ProviderLicence No. 43521 | Hollard Investment PlanHollard Tax Free Savings Plan |
|  |  |  |
| **4.** | **Prime Preservation Pension Fund**Suite 7, First Floor, Building B, Hurlingham Office Park, 59 Woodlands Avenue Hurlingham Manor, 2196Tel: +27 (0)10 594 2100 Fax: +27 (0)86 642 1880 | Hollard Pension Preservation Plan |
|  |  |  |
| **5.** | **Prime Preservation Provident Fund**Suite 7, First Floor, Building B, Hurlingham Office Park, 59 Woodlands Avenue Hurlingham Manor, 2196Tel: +27 (0)10 594 2100 Fax: +27 (0)86 642 1880 | Hollard Provident Preservation Plan |
|  |  |  |
| **6.** | **Prime Retirement Annuity Fund**Suite 7, First Floor, Building B, Hurlingham Office Park, 59 Woodlands Avenue Hurlingham Manor, 2196Tel: +27 (0)10 594 2100 Fax: +27 (0)86 642 1880 | Hollard Retirement Annuity Plan |

1. Requirements

|  |  |
| --- | --- |
| **2.1** | The completed Financial Services Provider Offer to Contract must be faxed to +27(0)11 351 3816 or alternatively 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. |
|  |[ ]  Fully completed Financial Services Provider Application Form |
|  |[ ]  Certified copies of all FICA documentation for the FSP/Directors/Shareholders/Key Individuals & Representatives. (The FICA list is available on the Hollard website **www.hollard.co.za**) |
|  |[ ]  Proof of banking details in the name of the FSP (Cancelled cheque or a bank statement not older than three months) |
|  |[ ]  Copy of FSP FAIS License |
|  |[ ]  Copy of VAT certificate (If applicable) |
|  |[ ]  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. |

1. Financial Service Provider Company Details

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| **3.1** | **Company Details** |
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| Company Name: |  |

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| **Physical Address (also Domicilium address):** |
| Complex Name: |  | Unit No:  |  |
| Street/Farm Name: |  | Street No: |  |
| Suburb/District: |  |
| City/Town: |  | Code: |  |
| **Postal Address:** |
| Postal address is as per the physical address | [ ]  Yes | [ ]  No | If No, please complete a postal address below. |
| **Address Type:** | [ ]  PO Box | [ ]  Private Bag | [ ]  Postnet Suit | [ ]  Box/Bag/Suite No:  |  |
| Post Office Name:  |  | Code: |  |

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| --- |
| **Branch Office Physical Address:** |
|  |  |
| 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. |
| Complex Name:  |  | Unit No:  |  |
| Street/Farm Name: |  | Street No: |  |
| Suburb/District: |  |
| City/Town:  |  | Code: |  |
| **Branch Office Postal Address:** |
| Postal address is as per branch office address | [ ]  Yes | [ ]  No | If No, please complete a postal address on page 3. |
| **Postal Address:** |
| Postal address is as per registered address | [ ]  Yes | [ ]  No | If No, please complete a postal address on page 3. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Address Type:** | [ ]  PO Box | [ ]  Private Bag | [ ]  Postnet Suit | [ ]  Box/Bag/Suite No:  |  |
| Post Office Name:  |  | Code: |  |
| **Contact Details:** |
| Full Name & Surname: |  |
| Office Tel.: |  | **Cell:** |  | **Fax:** |  |
| Email: |  |
| **FAIS/FSP Number:** |  | **Income Tax Number:** |  |

|  |  |
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| **3.2** | Type of Business (Tick and complete as appropriate) |
|  |[ ]  Partnership | ID Number: |  | Partner Name: |  |
|  |  |  | ID Number: |  | Partner Name: |  |
|  |  |  |  |  |  |  |
|  |[ ]  Sole Proprietor | ID Number: |  | Partner Name: |  |
|  |  |  | ID Number: |  | Partner Name: |  |
|  |  |  |  |  |  |  |
|  |[ ]  Close Corporation | Reg. No: |  | Country of Reg.: |  |
|  |  |  | Reg. Date: |  | VAT No.: |  |

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| --- | --- | --- | --- | --- | --- |
|  |[ ]  Company | Reg. No: |  | Country of Reg.: |  |
|  |  |  | Reg. Date: |  | VAT No.: |  |
|  |  |
| **3.3** | Financial Service Provider Representative Details |
|  | 1. It is the FSP’s responsibility to inform the Product Provider of any Appointments / Terminations.
 |
|  | 1. Each Representative listed below needs to complete a FSP Representative Application form.
 |
|  | 1. 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 their Hollard Investments Advisor code being activated. 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.
 |
|  | 1. 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.
	* All representatives appointed between 1 April 2018 and 1 August 2018 have until the 1 August 2019 to provide Hollard Investments with proof thereof.
	* All representatives appointed after 1 August 2018 have until the 31 January 2019 to provide Hollard Investments with proof thereof.
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|  |  |
| **Name of Representative** | **ID Number** |
|  |  |
|  |  |
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|  |  |
| **3.4** | Financial Services Provider Key Individual |
| Title: |  | Full Name & Surname: |  |
| ID/Passport No: |  | Cell: |  |
| **Contact Details:** |
| Tel: |  | Email: |  |

1. FSP Company and FSP Branch Bank Details

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| --- | --- |
| **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 Number: |  |
| **Account Type:** | [ ]  Savings | [ ]  Cheque/Current | [ ]  Transmission | [ ]  Other: |  |

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| **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. |
| FSP Branch Name: |  |
| Bank Name: |  | Branch Name: |  | Code: |  |
| Account Holder: |  | Account Number: |  |
| **Account Type:** | [ ]  Savings | [ ]  Cheque/Current | [ ]  Transmission | [ ]  Other: |  |

1. 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? [ ]  Yes [ ]  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? [ ]  Yes [ ]  No |
|  | If “Yes”, please supply details below: |
|  |  |
|  |  |

|  |  |
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| **5.3** | Has the FSP’s license been revoked or have any of the FSP’s representatives been debarred? [ ]  Yes [ ]  No |
|  | If “Yes”, please supply details below: |
|  |  |
|  |  |

1. Compliance Officer Details

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| --- | --- |
| **Company Name:**  | ***(if compliance officer is external company)*** |
| Title: |  | Full Name & Surname:  |  |
| ID/Passport No:  |  | Practice No.: |  |

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| **Physical Address:** |
| Complex Name:  |  | Unit No:  |  |
| Street/Farm Name: |  | Street No: |  |
| Suburb/District: |  |
| City/Town:  |  | Code: |  |

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| **Postal Address:** |
| Postal address is as per the registered address: | [ ]  Yes | [ ]  No | If No, please complete a postal address below? |
| **Address Type:** | [ ]  PO Box | [ ]  Private Bag | [ ]  Postnet Suit | [ ]  Box/Bag/Suite No:  |  |
| Post Office Name:  |  | Code: |  |
| **Contact Details:** |
| Office Tel: |  | **Fax:** |  | Cell: |  |
| Email: |  |

1. Declaration and Informed Consent in terms of the Protection of Personal Information Act 4, of 2013 (POPIA)

|  |  |
| --- | --- |
| **7.1** | I, in my capacity as the authorized signatory of the Financial Services Provider (“the FSP”) hereby voluntary consent to Hollard Life processing the Personal Information of the FSP, for the purpose of Processing of this application; |
| **7.2** | I acknowledge that in terms of Section 11 (3) of POPIA that the FSP has the right to object, at any time, to the processing of its Personal Information in the prescribed manner, on reasonable grounds relating to its particular situation, unless legislation provides for such processing. On receipt of an objection Hollard Life will put a hold on any further processing of the FSP’s Personal Information until the objection has been resolved. |
| **7.3** | I acknowledge that the FSP has the right to lodge a complaint to the Information Regulator. |
| **7.4** | I acknowledge that the FSP has the right to at any time ask Hollard Life to provide the FSP with: |
|  | 1. the details of any of its Personal Information which Hollard Life holds on its behalf ; and
 |
|  | 1. the details as to what Hollard Life has done with its Personal Information.
 |
| **7.5** | POPIA requires that all of the FSP’s Personal Information supplied must be complete accurate and up to date. Whilst Hollard Life will use its best endeavours to ensure that the Personal Information is reliable, I acknowledge that it will be my responsibility to advise Hollard Life of any changes to the FSP’s Personal Information as and when this may occur. |
| **7.6** | I understand the purposes for which my Personal Information is required and for which it will be used. |
| **7.7** | I give Hollard permission to process my Personal Information as provided above. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signed at |  | on this |  | day of |  |
| **(Place)** | **(Day)** | **(Month & Year)** |
|  |  |  |  |
| 1st Signature: |  | 2nd Signature: |  |
| Official Capacity: |  |  |  | **Official Capacity:** |  |  |

**\* If the applicant is under the age of 18, this signature must be that of the Person Acting on Behalf of the Policyholder.**

1. Declaration and Signature

|  |
| --- |
| I / we, the undersigned FSP hereby agree and declare that: |
|  |
| **8.1** | I / we hereby offer to enter into a Financial Services Provider 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 Standard Financial Services Provider Agreement and its Annexures, the contents of which I have familiarised myself with. |
| **8.2** | The Product Providers will communicate their acceptance of this offer to me by sending the Financial Services Provider Agreements and its Annexures to me / us. |
| **8.3** | I / we choose the physical address provided in 3.1 of this document as our *domicilia citandi et executandi* for the service on us of all legal processes, notices, correspondence and communications in terms of the Financial Services Provider Agreement and its Annexures. |

|  |  |
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| **8.4** | This Financial Services Provider Application will form part of my contract with the Product Provider/s if my offer to contract is accepted. |
| **8.5** | 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: |  |  |  | Full Name in Print: |  |  |
| Official Capacity: |  |  |  | **Official Capacity:** |  |  |

**APPENDIX A**

**FSP REPRESENTATIVE APPLICATION FORM**

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| **1.** | Please supply a certified copy of ID and certified copy of proof of residential address (not older than 3 months) with this application form. |
| **2.** | 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 your Hollard Investments Advisor code being activated. |
| **3.** | All product training material and assessments are available on the Hollard Secure Online website **(**[**https://online.hollardinvestments.co.za/login**](https://online.hollardinvestments.co.za/login)**)**, which you will be given access to. |
| **4.** | In addition to the Product Specific training requirements, you are required to provide Hollard Investment with **proof** that you have completed **Class of Business training** for the class of financial products you wish to provide financial services for.* All representatives appointed between 1 April 2018 and 1 August 2018 have until the 1 August 2019 to provide Hollard Investments with proof thereof.
* All representatives appointed after 1 August 2018 have until the 31 January 2019 to provide Hollard Investments with proof thereof.
 |

1. Representative Details

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

1. Declaration and Informed Consent in terms of the Protection of Personal Information Act 4, of 2013 (POPIA)

|  |  |
| --- | --- |
| **2.1** | I, hereby voluntary consent to Hollard Life processing the Personal Information of the FSP, for the purpose of Processing of this application; |
| **2.2** | I acknowledge that in terms of Section 11 (3) of POPIA that the FSP has the right to object, at any time, to the processing of its Personal Information in the prescribed manner, on reasonable grounds relating to its particular situation, unless legislation provides for such processing. On receipt of an objection Hollard Life will put a hold on any further processing of the FSP’s Personal Information until the objection has been resolved. |
| **2.3** | I acknowledge that the FSP has the right to lodge a complaint to the Information Regulator. |
| **2.4** | I acknowledge that the FSP has the right to at any time ask Hollard Life to provide the FSP with: |
|  | 1. the details of any of its Personal Information which Hollard Life holds on its behalf ; and
 |
|  | 1. the details as to what Hollard Life has done with its Personal Information.
 |
| **2.5** | POPIA requires that all of the FSP’s Personal Information supplied must be complete accurate and up to date. Whilst Hollard Life will use its best endeavours to ensure that the Personal Information is reliable, I acknowledge that it will be my responsibility to advise Hollard Life of any changes to the FSP’s Personal Information as and when this may occur. |
| **2.6** | I understand the purposes for which my Personal Information is required and for which it will be used. |
| **2.7** | I give Hollard permission to process my Personal Information as provided above. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signed at |  | on this |  | day of |  |
| **(Place)** | **(Day)** | **(Month & Year)** |
|  |  |  |  |
| 1st Signature: |  | 2nd Signature: |  |
| Official Capacity: |  |  |  | **Official Capacity:** |  |  |

**\* If the applicant is under the age of 18, this signature must be that of the Person Acting on Behalf of the Policyholder.**

1. Declaration and Signature

|  |  |
| --- | --- |
| **3.1** | I declare that I have read and understood the terms and conditions of this application form. |
| **3.2** | 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: |  |  |  | Full Name in Print: |  |  |
| Official Capacity: |  |  |  | **Official Capacity:** |  |  |