**APPLICATION FOR ADDITIONAL REPRESENTATIVES FOR EXISTING FSP CONTRACT**

|  |  |
| --- | --- |
| **1.** | Each representative is required to complete a **product accreditation assessment**, as per the Product Specific training requirements stipulated in Board Notice 194 of 2018, **prior** to your Hollard Investments Advisor code being activated. |
| **2.** | 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. |
| **3.** | 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. Financial Services Provider (FSP) Company Details-The Contract Holder |

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

1. Additional Representative Details

**Please supply a certified copy of ID and copy of proof of residential address (not older than 3 months) with this application.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: |  | | | | Surname: |  | | | **Full Name(s):** | |  | |
| **ID Number:** | | | |  | | | | |  | | | |
| **Contact Details:** | | | | | | | | | | | | |
| Tel: | |  | | | | | Fax: |  | | Mobile: | |  |
| **Email:** | | |  | | | | | |  | | | |

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

|  |  |
| --- | --- |
| **3.1** | I hereby voluntary consent to Hollard Life processing the Personal Information of the FSP, for the purpose of Processing of this application; |
| **3.2** | 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. |
| **3.3** | I acknowledge that the FSP has the right to lodge a complaint to the Information Regulator. |
| **3.4** | 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 2. the details as to what Hollard Life has done with its Personal Information. |
| **3.5** | 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. |
| **3.6** | I understand the purposes for which my Personal Information is required and for which it will be used. |
| **3.7** | 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:** | | | |  | | | |
| Capacity: | |  | |  | | | **Capacity:** | | | |  | |  |

1. Declaration and Signature

I hereby confirm that, in my capacity as representative of the FSP detailed herein, the above details for the additional 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:** | | | | |  |  |