**FSP ASSISTANT APPLICATION FOR ACCESS TO HOLLARD INVESTMENTS ONLINE**

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

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

1. FSP Assistant Details

***Please supply a certified copy of ID for the FSP Assistant with this application form.***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: | |  | | Full Name & Surname: | |  | | | |
| **ID Number:** | | |  | | | |  | | |
| **Contact Details:** | | | | | | | | | |
| Tel: |  | | | | Fax: |  | | \*Email: |  |

1. Financial Advisor Linking Details

|  |  |
| --- | --- |
| **No.** | **Financial Advisor Name** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |

1. 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**](https://online.hollardinvestments.co.za))

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Signed at |  | | on this |  | | day of |  | |
| **(Place)** | | | **(Day)** | | | **(Month & Year)** | | |
|  | |  | | | | | | |
| Authorised Signatory of FSP Signature: | |  | | | | | | |
| Full Name in Print: | |  | | |  | | |  |
| Capacity: | |  | | |  | | |  |