**FINANCIAL SERVICES PROVIDER (FSP) ADDENDUM**

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| **1.** | To be completed by the FSP, where a Hollard Life Contract has been issued **within the last 6 months** of the date of this application. |
| **2.** | An FSP Representative Form must be completed for each Representative of the FSP. This form can be optioned from the Hollard Investments website. |
| **3.** | 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 their Hollard Investments Advisor code being activated. All product training material and assessments are available on the Hollard Secure Online website, which each representative will be given access to. |
| **4.** | In addition to the Product Specific training requirements, the FSP is required to provide Hollard Investment 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.   * **Persons not operating under supervision:**   + Any representative or Key Individual appointed **prior to 1 April 2018** are **exempt** from the requirement and therefore don’t need to send us any proof that class of business training has been completed.   + If a  person who, **after 1 April 2018 but before 31 July 2018**, has –     1. been appointed as a key individual or representative;     2. applied for authorisation, approval or appointment for a new financial product category   has **until 1 August 2019 t**o obtain their class of business training and provide us with proof thereof.   * + If appointed **post 1 August 2018**, all representatives of Key Individuals have **until 31 January 2019** to obtain class of business training and provide us with proof thereof. * **Persons operating under supervision:**   + If appointed **prior to 1 February 2019** all representatives have until **1 February 2020** to obtain class of business training and provide us with proof thereof. * If appointed **post 1 February 2019**, all representatives have **12 months** to obtain class of business training for that **specific class of business** and provide us with proof thereof. |

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| 1. Financial Services Provider Details |

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| FSP Name: |  |
| FSP License Number: |  |

1. FSP Company and FSP Branch Bank Details

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| **FSP Company Bank Details:** | | | | | | | | | | | |
| Bank Name: |  | | | Branch Name: | |  | | | | Code: |  |
| Account Holder: | |  | | | | Account Number: | |  | | | |
| **Account Type:** | | Savings | Cheque/Current | | Transmission | | Other: | |  | | |

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| **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. Declaration

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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, 2196  Tel: +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, 2193  Tel: 0860 202 202 Fax: +27 (0)11 351 3816  Hollard Life Assurance Company Limited is an authorised Financial Services Provider  Licence No. 17697 | | Hollard Living Annuity  Hollard Guaranteed Growth Plan  Hollard Guaranteed Income Plan  Hollard Wealth Accumulator  Hollard 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, 2196  Tel: +27 (0)10 594 2100 Fax: +27 (0)86 642 1880  Global Fund Administrators (Pty)(Ltd) is an authorized Financial Services Provider  Licence No. 43521 | | Hollard Investment Plan  Hollard Tax Free Savings Plan | |  | | | | | **4.** | **Prime Preservation Pension Fund**  Suite 7, First Floor, Building B, Hurlingham Office Park, 59 Woodlands Avenue Hurlingham Manor, 2196  Tel: +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, 2196  Tel: +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, 2196  Tel: +27 (0)10 594 2100 Fax: +27 (0)86 642 1880 | | Hollard Retirement Annuity Plan | |

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

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| **4.1** | I, in my capacity as the authorized signatory of the Financial Services Provider (FSP) hereby voluntary consent to Hollard Life processing the Personal Information of the FSP, for the purpose of Processing of this application; |
| **4.2** | 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. |
| **4.3** | I acknowledge that the FSP has the right to lodge a complaint to the Information Regulator. |
| **4.4** | 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. |
| **4.5** | 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. |
| **4.6** | I understand the purposes for which my Personal Information is required and for which it will be used. |
| **4.7** | I give Hollard permission to process my Personal Information as provided above. |

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

1. Declaration and Signature

I/We the undersigned FSP declare that:

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| **5.1** | 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/us have familiarised myself/ourselves with. |
| **5.2** | The Product Providers will communicate acceptance of this offer to me/us by sending the Financial Services Provider Agreement and Its Annexures to me/us. |
| **5.3** | This application form will form part of our/my contract with the Product Provider/Providers if my/our offer to contract is accepted. |
| **5.4** | It is the FSP’s responsibility to inform the product Provider of any appointments/termination of FSP representatives. |
| **5.5** | The signatories warrant that they are authorized to sign this document on behalf of the FSP. |
| **5.6** | I/We further understand that, should any FICA documents submitted by me/us to Hollard Life be older than **3 months** as at date of signature of this application form, Hollard Life shall request from me/us the latest dated documents. |

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

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| 1st Authorised Signatory Signature: | |  | | | 2nd Authorised Signatory Signature: |  | | |
| Official Capacity: | | |  |  | Official Capacity: | |  |  |