

FINANCIAL SERVICES PROVIDER (FSP) AGREEMENT

1. FSP Statement

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 familiarised myself with.

No.	Product Provider	Financial Product
1	Prime Collective Investment Schemes Management Company (Pty)(Ltd) Domicilium Address: 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 Domicilium Address: 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
3	Global Fund Administrators (Pty)(Ltd) Domicilium Address: 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
4	Hollard Wealth Management Preservation Pension Fund Registered office of the Fund: Hollard Villa Arcadia, 22 Oxford Road, Parktown, 2193 Tel: 0860 202 202 Fax: +27 (0)11 351 3816	Hollard Pension Preservation Plan
5	Hollard Wealth Management Preservation Provident Fund Registered office of the Fund: Hollard Villa Arcadia, 22 Oxford Road, Parktown, 2193 Tel: 0860 202 202 Fax: +27 (0)11 351 3816	Hollard Provident Preservation Plan
6	Hollard Retirement Annuity Fund Registered office of the Fund: Hollard Villa Arcadia, 22 Oxford Road, Parktown, 2193 Tel: 0860 202 202 Fax: +27 (0)11 351 3816	Hollard Retirement Annuity Plan

2. 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.
- ☐ Certified Copies of all FICA documentation for the FSP/Directors/Shareholders/Key Individuals and 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.
- ☐ 4B FICA Exemption Form (if applicable), signed and duly completed (See 'Appendix B' attached hereto).
- ☐ 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.



3. Financial Services Provider Company Details

3.1. Company Details

Company Name:

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 registered address:

☐ Yes

☐ No – if no, please complete a postal address below.

Address Type:

☐ PO Box☐ Private Bag☐ Postnet Suit

Box/Bag/Suite Number:

Post Office Name:

Code:

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 the branch office address

☐ Yes

☐ No – if no, please complete a postal address below.

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 Number:

Post Office Name:

Code:

Contact Details:

Name:

Office Tel:

Office Fax:

Mobile:

Email:

FAIS/FSP Number:

Income Tax Number:

3.2. Type of Business (Tick and complete as appropriate)

a. Partnership

☐

ID Number:

Partner Name:

ID Number:

Partner Name:

b. Sole Proprietor

☐

ID Number:

Owner Name:

c. Close Corporation

☐

Reg. Number:

Country of Reg.:

Reg. Date:

VAT Number:

d. Company

☐

Reg. Number:

Country of Reg.:

Reg. Date:

VAT Number:

3.3. Financial Services Provider Representative Details

- a. It is the FSP's responsibility to inform the Product Provider of any Appointments / Terminations.
b. Each Representative listed below needs to complete a FSP Representative Application form.

Name of Representative	ID Number

3.4. Financial Services Provider Key Individual

Title: Surname:

First Name(s):

ID/Passport No: Mobile:

Office Tel: Email:

4. FSP Company and FSP Branch Bank Details

- 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:

Acc Holder: Acc. Number:

Account Type: ☐ Savings ☐ Cheque/Current ☐ Transmission

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:

Acc Holder: Acc. Number:

Account Type: ☐ Savings ☐ Cheque/Current ☐ Transmission

5. 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.

- 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.

6. Compliance Officer Details

Company Name:	<input type="text" value=""/>			(if compliance officer is external company)
Title:	<input type="text" value=""/>	Surname:	<input type="text" value=""/>	
First Name(s):	<input type="text" value=""/>		ID Number:	<input type="text" value=""/>
Practice No.:	<input type="text" value=""/>			
Physical Address:				
Complex Name:	<input type="text" value=""/>		Unit No.:	<input type="text" value=""/>
Street/Farm Name:	<input type="text" value=""/>		Street No.:	<input type="text" value=""/>
Suburb/District:	<input type="text" value=""/>			
City/Town:	<input type="text" value=""/>		Code:	<input type="text" value=""/>
Postal Address:				
Postal address is as per the registered address: <input type="checkbox"/> Yes <input type="checkbox"/> No – if no, please complete a postal address below.				
Address Type:	<input type="checkbox"/> PO Box	<input type="checkbox"/> Private Bag	<input type="checkbox"/> Postnet Suit	Box/Bag/Suite Number: <input type="text" value=""/>
Post Office Name:	<input type="text" value=""/>			Code: <input type="text" value=""/>
Contact Details:	Office Tel:	<input type="text" value=""/>	Office Fax:	<input type="text" value=""/>
	Mobile:	<input type="text" value=""/>		
	Email:	<input type="text" value=""/>		

7. 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:
- 7.4.1. the details of any of its Personal Information which Hollard Life holds on its behalf ; and
- 7.4.2. 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	<input type="text" value=""/>	on this	<input type="text" value=""/>	day of	<input type="text" value=""/>	<input type="text" value=""/>
	(Place)		(Day)		(Month)	(Year)
Signature 1*:	<input type="text" value=""/>				Official Capacity:	<input type="text" value=""/>
Signature 2*:	<input type="text" value=""/>				Official Capacity:	<input type="text" value=""/>

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

8. 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.
- 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) (Date) (Month) (Year)

Authorised Signatory #1

Signature: Name: Capacity:

Authorised Signatory #2

Signature: Name: Capacity:

APPENDIX A

FSP REPRESENTATIVE APPLICATION FORM

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

1. Representative Details

Title:	<input type="text"/>	Surname:	<input type="text"/>	
First Name(s):	<input type="text"/>	ID Number:	<input type="text"/>	
FSP Branch Name:	<input type="text"/> (if applicable)			
Contact Details:	Office Tel:	<input type="text"/>	Office Fax:	<input type="text"/>
	Mobile:	<input type="text"/>		
	Email:	<input type="text"/>		

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

- 7.8. I, hereby voluntary consent to Hollard Life processing the Personal Information of the FSP, for the purpose of Processing of this application;
- 7.9. 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.
- 7.10. I acknowledge that the FSP has the right to lodge a complaint to the Information Regulator.
- 7.11. I acknowledge that the FSP has the right to at any time ask Hollard Life to provide the FSP with:
- 7.11.1. the details of any of its Personal Information which Hollard Life holds on its behalf ; and
- 7.11.2. the details as to what Hollard Life has done with its Personal Information
- 7.12. 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.
- 7.13. I understand the purposes for which my Personal Information is required and for which it will be used.
- 7.14. I give Hollard permission to process my Personal Information as provided above.

Signed at	<input type="text"/>	on this	<input type="text"/>	day of	<input type="text"/>	<input type="text"/>
	(Place)		(Day)		(Month)	(Year)
Signature 1*:	<input type="text"/>				Official Capacity:	<input type="text"/>
Signature 2*:	<input type="text"/>				Official Capacity:	<input type="text"/>

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

3. 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	<input type="text"/>	on this	<input type="text"/>	day of	<input type="text"/>	<input type="text"/>
	(Place)		(Date)		(Month)	(Year)
Authorised Signatory of FSP:						
Signature:	<input type="text"/>	Name:	<input type="text"/>	Capacity:	<input type="text"/>	

APPENDIX B

FICA (EXEMPTION 4B) FINANCIAL ADVISOR DECLARATION (OPTIONAL)

In terms of Regulation 4(b) an accountable institution is exempted from compliance with the following provisions, provided that it receives and accepts a 4(b) exemption certificate from another accountable institution:

- provisions of section 21 (identification);
- provisions of section 22 (1) (a), 22 (1) (b), 22 (1) (c), 22 (1) (d), 22 (1) (e), 22 (1) (h) and 22 (1) (i) (record keeping in respect of the identification and verification documentation);

in respect of a business relationship or single transaction which is established or concluded with that institution by another Institution.

The primary accountable institution will have established and verified the identity of every client on whose behalf it will be establishing business relationships or concluding single transactions with the secondary accountable institution. This is subject to the condition that the primary accountable institution confirms in writing, to the satisfaction of the second accountable institution, that the establishment and verification of the identity of every client is performed in terms of its internal rules and the procedures ordinarily applied.

In assessing whether the Product Provider will rely on an Exemption 4B Certificate, the FSP is required to complete this section.

If the Product Provider is comfortable to rely on your client identification and verification efforts, the Product Provider will provide you with such notice whereby you must provide the Product Provider with the signed Exemption 4 B Certificate as soon as possible.

1. EXEMPTION 4B QUESTIONNAIRE - Assessment of Anti Money Laundering (AML) / Counter Terrorist Financing Controls

- 1.1. Does your institution have a Board or senior management approved FICA/AML Policy? ☐ Yes ☐ No

If "Yes", please supply details below together with a copy of your FICA/AML procedure document.

- 1.2. How frequently is the policy reviewed?

- 1.3. Is regular anti-money laundering awareness training provided to staff that are involved in the client KYC process? ☐ Yes ☐ No

If yes, please provide details of the training program, including: frequency, targeted staff and delivery.

- 1.4. Kindly confirm that your customers are identified and verified in accordance with the FIC Act and Money Laundering and Terrorist Financing Control Regulations. ☐ Yes ☐ No

- 1.5. Please describe the manner in which your customer identification and verification information is retained and stored.

- 1.6. I/We confirm that the FSP can provide FICA documents on request within 3 working days: ☐ Yes ☐ No

- 1.7. Kindly advise if you risk rate your customers in terms of Money Laundering and Terrorist Financing risk. Kindly provide the factors that are considered when rating the Money Laundering and Terrorist Financing risk of your customers. ☐ Yes ☐ No

Factors considered in risk rating:

- 1.8. Are your high risk clients subject to enhanced due diligence? If so, kindly provide a brief summary of the enhanced due diligence process applicable to your institution. ☐ Yes ☐ No

- 1.9. How frequently is the customer FICA information reviewed/updated?

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2. Declaration and Signature

- 2.1. I hereby declare that I have read this document and know and understand the content thereof. The information furnished by me is in all respects both true and correct.
- 2.2. I warrant that I have all necessary internal consent and am duly authorised and empowered to provide such confirmation.

Signed at

 on this

 day of

(Place) (Date) (Month) (Year)

Signature:

 Name:

 Position:

Telephone:

 Mobile:

Email: