

## REPRESENTATIVES

<b>FSP Number and Name</b>	
<b>Applicant Name</b>	

**Instructions and Notes:**

1. The applicant / FSP must complete this Form for every appointed representative.
2. A passport number will only be accepted if the representative is not a South African Citizen.
3. A certified copy of the representative's identification document (if he/she is a South African citizen) or passport (if he/she is not a South African Citizen) must accompany the application.
4. Race must only be indicated if the representative is a South African Citizen.
5. Persons that render financial services and who are employed by juristic representatives must be appointed as representatives of the FSP.
6. Any change to the information provided in this form (including a change to status of person working under supervision) must be reported to the Authority, in writing, within 15 days after the change has taken place.

1. Declaration by FSP	Yes	No
Has the FSP satisfied itself that the representative complies with all the fit and proper requirements as determined by the Authority in terms of section 6A of the Act?	<input type="checkbox"/>	<input type="checkbox"/>

### 2. Form of representative

**1.1 Indicate the applicable form of the representative**

Natural person	Partnership	Trust	Close Corporation	Company	Union	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**1.2 Specify type of or describe person if form of representative is indicated as "other".**

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### 3. Automated advice

Indicate whether the representative intends to render automated advice.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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### 4. Personal details of representative who is a natural person

**Provide the following details of the representative:**
*[This section must only be completed for a representatives that is a natural person]*

<b>Title</b>			
<b>Full Names</b>			
<b>Surname</b>			
<b>Previous Surname</b> (If applicable)			
<b>Date of Birth</b>			
<b>Identity / Passport Number</b> <i>(Passport no. must only be provided if applicant is not a South African citizen)</i>			
<b>Nationality</b>			
<b>Country of residence</b>			
<b>Gender</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	

Race:	Black	<input type="checkbox"/>
	White	<input type="checkbox"/>
	Coloured	<input type="checkbox"/>
	Indian	<input type="checkbox"/>
	Asian	<input type="checkbox"/>
	Other	<input type="checkbox"/> Please specify:
Representative's physical address (may not be that of the FSP)		
Postal Code		
Cell phone number of representative		
E-mail address of representative (MUST be unique to the individual, not a general address)		

### 5. Details of juristic representatives

*[This section must only be completed for representatives who are not natural persons.]*

Provide the following details of the representative:

Name	
Country of registration	
Registration / Reference number	
Type of person	
Description of person	
Physical address	
Postal Code	
B-BBEE Status of representative	
Indicate whether the representative is:	100% black owned <input type="checkbox"/>
	Majority black owned <input type="checkbox"/>
	100% black women owned <input type="checkbox"/>
	Majority black women owned <input type="checkbox"/>
	Other <input type="checkbox"/>

### 6. Details of key individual of a juristic representative

6.1 Provide the following details of the key individual of the representative:

*[This section must only be completed for representatives who are not natural persons.]*

Full name(s)	
Surname	

Identity / Passport Number	
Date of Appointment	

**6.2 Indicate the categories of financial services that the key individual will be managing or overseeing**

Category I	<input type="checkbox"/>	Category II	<input type="checkbox"/>
Category IIA	<input type="checkbox"/>	Category III	<input type="checkbox"/>
Category IV	<input type="checkbox"/>		

**6.3 Indicate the class of business in respect of the category of financial service the key individual will manage or oversee.**

Class of business	Category I	Category II	Category IIA	Category III	Category IV
Short-term Insurance: Personal Lines <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term Insurance: Commercial Lines <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term Insurance <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension Fund Benefits <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term and Long-term Deposits <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structured Deposits <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investments <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forex Investments <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Services Benefits <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. Categories of financial services and financial products****Indicate-**

- (a) in the Tables hereunder the date on which the representative was appointed by the FSP to render financial services (advice / intermediary service) and the financial products in respect of which those services may be rendered;
- (b) whether the representative will be rendering scripted execution of sales and/or intermediary services that are not scripted execution of sales in respect of a particular product - the appointment date for each must be reflected; and
- (c) where applicable, the date on which the person commenced rendering financial services under supervision in respect of a particular financial product on behalf of the FSP.

**TABLE A - Category I**

No	Financial products	Advice (dd/mm/yyyy)	Intermediary Services		Services under Supervision	
			Scripted Execution of Sales (dd/mm/yyyy)	Other (dd/mm/yyyy)	Date of Commencement (dd/mm/yyyy)	Date of Completion (dd/mm/yyyy)
1.1	Long-term Insurance subcategory A					
1.2	Short-term Insurance Personal Lines					
1.3	Long-term Insurance subcategory B1					
1.4	Long-term Insurance subcategory C					
1.5	Retail Pension Benefits					
1.6	Short-term Insurance Commercial Lines					
1.7	Pension Fund Benefits					
1.8	Shares					

1.9	Money-market instruments				
1.10	Debentures and securitised debt				
1.11	Warrants, certificates or other instruments				
1.12	Bonds				
1.13	Derivative instruments				
1.14	Participatory interest in one or more collective investment schemes				
1.15	Forex Investment				
1.16	Health Service Benefits				
1.17	Long-term Deposits				
1.18	Short-term Deposits				
1.19	Friendly Society Benefits				
1.20	Long-term Insurance subcategory B2				
1.21	Long-term Insurance subcategory B2-A				
1.22	Long-term Insurance subcategory B1-A				
1.23	Short-term Insurance Personal Lines A1				
1.24	Structured Deposits				
1.25	Securities and instruments				
1.26	Participatory interest in a hedge fund				

If the representative has been appointed for the financial product: Health Service Benefits (1.16), provide the representative's accreditation number allocated to it by the Council for Medical Schemes:

TABLE B - Category II

No	Category and subcategory	Date of appointment (dd/mm/yyyy)	Services under supervision	
			Date of Commencement (dd/mm/yyyy)	Date of Completion (dd/mm/yyyy)
2.1.	Long-term Insurance subcategory B1			
2.2	Long-term Insurance subcategory C			
2.3	Retail Pension Benefits			
2.4	Pension Fund Benefits			
2.5	Shares			
2.6	Money market instruments			
2.7	Debentures and securitised debt			
2.8	Warrants, certificates and other instruments			
2.9	Bonds			
2.10	Derivative instruments			
2.11	Participatory Interests in one or more collective investment schemes			
2.12	Forex Investment			

2.13	Long-term Deposits			
2.14	Short-term Deposits			
2.15	Long-term Insurance subcategory B2			
2.16	Long-term Insurance subcategory B2-A			
2.17	Long-term Insurance subcategory B1-A			
2.18	Structured Deposits			
2.19	Securities and instruments			
2.20	Participatory interest in a hedge fund			

TABLE C - Category IIA

No	Category	Date of appointment (dd/mm/yyyy)	Services under supervision	
			Date of Commencement (dd/mm/yyyy)	Date of Completion (dd/mm/yyyy)
2A	Category IIA			

TABLE D - Category III

No	Category	Date of appointment (dd/mm/yyyy)	Services under supervision	
			Date of Commencement (dd/mm/yyyy)	Date of Completion (dd/mm/yyyy)
3	Category III			

TABLE E - Category IV

No	Category	Date of appointment (dd/mm/yyyy)	Services under supervision	
			Date of Commencement (dd/mm/yyyy)	Date of Completion (dd/mm/yyyy)
4	Category IV – Assistance Business FSP			

## 8. Recognised qualifications

Provide the following information in respect of the representative's recognised qualification:

No	Qualification code	Qualification	Year obtained

## 9. Regulatory Examinations

Indicate which of the following regulatory examinations have been completed.

RE 1 <input type="checkbox"/>	RE 3 <input type="checkbox"/>
RE 4 <input type="checkbox"/>	RE 5 <input type="checkbox"/>