

IMPORTANT INFORMATION

- PSG Invest (Pty) Ltd, an authorised administrative financial services provider, is the Administrator of this investment.
- Please complete all relevant sections of this application form.

PART ONE: ISSUING OF FSP CODE

The issuing of a Financial Service Provider Code will be subject to the following criteria:

1. Application Form, signed and duly completed by applicant
2. New Representative Application Form (if applicable), signed and duly completed by New Representative ("Appendix C" attached hereto).
3. Clearance Checks, e.g. Debarment, ITC, etc.
4. Details of your Compliance Officer.
5. Fax and Email indemnity.
6. All FICA and supporting documentation as required in Section Six of application form.

PART TWO: PAYMENT OF COMMISSIONS

No commission will be paid until such time as

1. The Financial Service Provider and Service Level agreement has been signed by the applicant; and
2. All FICA requirements have been received.

GENERAL

Please complete the application form attached and forward the completed application to the Administrator on fax number +27 (11) 996 5499 or email clientservice@psg.co.za. Alternatively hand deliver to your PSG Investment Specialist. For more information, please contact our offices on 0860 774 774.

Full name of FSP	<input type="text"/>		
Type of Enterprise	<input type="checkbox"/> Company	<input type="checkbox"/> Close Corporation	<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor
Registration number	<input type="text"/>		
Tax status	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporate	
Income tax number	<input type="text"/>		
Date on which FSP was duly registered by FSCA	<input type="text"/>		
FSCA number	<input type="text"/>		
VAT Registered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
VAT Reg number	<input type="text"/>		
Categories registered in terms of FAIS	<input type="text"/>		
Registered Physical address	<input type="text"/>		Postal code <input type="text"/>
Registered Postal address	<input type="text"/>		Postal code <input type="text"/>
Home Tel	<input type="text"/>	Work Tel	<input type="text"/>
Cell phone	<input type="text"/>	Fax	<input type="text"/>
Email address	<input type="text"/>		

1. BANK ACCOUNT DETAILS OF FSP

Account holder name	<input type="text"/>	Account	<input type="checkbox"/> Current <input type="checkbox"/> Transmission <input type="checkbox"/> Savings
Bank name	<input type="text"/>	Branch Code	<input type="text"/>
Branch name	<input type="text"/>	Account number	<input type="text"/>

2. WHAT FSP AGREEMENTS DOES THE FSP HAVE WITH OTHER FSPs?

NAME OF FSP	TYPE OF CONTRACT	DATE OF CONTRACT
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Has any FSPs ever refused to give you an FSP Contract? ☐ Yes ☐ No

(If Yes, give details)

Has any insurer ever cancelled a FSP contract with you? ☐ Yes ☐ No

(If Yes, give details)

Has the license FSP ever been suspended or have any of its representatives been debarred?

Y/N	NAME	DATE	DATE REINSTATED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. DETAILS OF OWNER(S)

Shareholding (Shareholders with shareholding of more than 10%) If the FSP is a Company, provide details of Shareholders

FULL NAME	% SHAREHOLDING	
		%
		%
		%
		%
		%

4. PERSONAL INFORMATION OF DIRECTORS/PARTNERS/SHAREHOLDERS/SOLE OWNER IN ENTERPRISE

1. Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
First name(s) or	<input type="text"/>				
Physical address	<input type="text"/>				Postal code <input type="text"/>
Postal address	<input type="text"/>				Postal code <input type="text"/>
Gender	<input type="checkbox"/> Male		<input type="checkbox"/> Female		
Educational Qualifications	<input type="text"/>				
Account holder name	<input type="text"/>	Account	<input type="checkbox"/> Current	<input type="checkbox"/> Transmission	<input type="checkbox"/> Savings
Bank name	<input type="text"/>	Branch Code	<input type="text"/>		
Branch name	<input type="text"/>	Account number	<input type="text"/>		
2. Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
First name(s) or	<input type="text"/>				
Physical address	<input type="text"/>				Postal code <input type="text"/>
Postal address	<input type="text"/>				Postal code <input type="text"/>
Gender	<input type="checkbox"/> Male		<input type="checkbox"/> Female		
Educational Qualifications	<input type="text"/>				
Account holder name	<input type="text"/>	Account	<input type="checkbox"/> Current	<input type="checkbox"/> Transmission	<input type="checkbox"/> Savings
Bank name	<input type="text"/>	Branch Code	<input type="text"/>		
Branch name	<input type="text"/>	Account number	<input type="text"/>		
3. Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
First name(s) or	<input type="text"/>				
Physical address	<input type="text"/>				Postal code <input type="text"/>
Postal address	<input type="text"/>				Postal code <input type="text"/>
Gender	<input type="checkbox"/> Male		<input type="checkbox"/> Female		
Educational Qualifications	<input type="text"/>				
Account holder name	<input type="text"/>	Account	<input type="checkbox"/> Current	<input type="checkbox"/> Transmission	<input type="checkbox"/> Savings
Bank name	<input type="text"/>	Branch Code	<input type="text"/>		
Branch name	<input type="text"/>	Account number	<input type="text"/>		

4. Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
First name(s) or	<input type="text"/>				
Physical address	<input type="text"/>				Postal code <input type="text"/>
Postal address	<input type="text"/>				Postal code <input type="text"/>
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Educational Qualifications	<input type="text"/>				
Account holder name	<input type="text"/>	Account	<input type="checkbox"/> Current	<input type="checkbox"/> Transmission	<input type="checkbox"/> Savings
Bank name	<input type="text"/>	Branch Code	<input type="text"/>		
Branch name	<input type="text"/>	Account number	<input type="text"/>		
5. Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
First name(s) or	<input type="text"/>				
Physical address	<input type="text"/>				Postal code <input type="text"/>
Postal address	<input type="text"/>				Postal code <input type="text"/>
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Educational Qualifications	<input type="text"/>				
Account holder name	<input type="text"/>	Account	<input type="checkbox"/> Current	<input type="checkbox"/> Transmission	<input type="checkbox"/> Savings
Bank name	<input type="text"/>	Branch Code	<input type="text"/>		
Branch name	<input type="text"/>	Account number	<input type="text"/>		
Has any of the above ever been declared insolvent and/or liquidated? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Details must be given if ever insolvent, even if rehabilitated:

5. DETAILS OF COMPLIANCE OFFICER

Compliance officer type	<input type="checkbox"/> Internal Compliance Officer	<input type="checkbox"/> External Compliance Officer
Registration number	<input type="text"/>	
Full name of Compliance Officer:	<input type="text"/>	
Physical address	<input type="text"/>	Postal code <input type="text"/>
Postal address	<input type="text"/>	Postal code <input type="text"/>
Home Tel	<input type="text"/>	Work Tel <input type="text"/>
Cell phone	<input type="text"/>	Fax <input type="text"/>
Email address	<input type="text"/>	

6. FINANCIAL ADVISER REPRESENTATIVES AND KEY INDIVIDUALS

The following list must always be correct. It is the Financial Adviser's responsibility to inform the Company of any Appointments/Terminations.

FSP

Representative and Key Individuals: **

FULL NAMES	ID NUMBER	LICENSE CATEGORY

** Each Representative and Key Individual must complete.

7. SECURE WEBSITE REGISTRATION - DETAILS OF DESIGNATED USERS

				LEVEL OF ACCESS	
FIRST NAME	SURNAME	DESIGNATION	EMAIL ADDRESS (COMPULSORY)*	REPRESENTATIVE ONLY	FULL FSP ACCESS

*Note: The Secure Website Username and Password are automatically generated and sent via email.

8. FINANCIAL ADVISER FICA

In terms of the Financial Intelligence Centre Act 38 of 2001, the following documents are to be attached for the following persons: Directors/ Shareholders/ Members and any other Authorised Signatories.

A	A resolution completed in full and signed by the Board/Members/Partners, authorising the representative of the FSP to sign on behalf of the FSP (attach as 'Appendix A').
B	A letter (on Company Letterhead) authorising the Administrator to direct any query to any person or institution by whom any of the representative were previously employed as intermediaries/agents, Financial Advisers or employed in similar capacities, and authorising such third person or institutions to submit required information (attach as 'Appendix B').
C	Certified copies of ID documents for ALL Directors/Shareholders/Members and Authorised Signatories.
D	Certified copies of proof of residential addresses for Directors/Shareholders/Members and Authorised Signatories (not older than three months).
E	Copies of all documentation applicable to CC/Company/Partnership; or Affidavit from Sole Proprietor indicating that he/she operates as a sole Proprietor (Attach a copy of Incorporation Documents - if none is attached please provide reason).
F	Copy of VAT Registration Certificate; (if none is attached please supply reason).
G	Natural person/ Sole Proprietor should attach a copy of any SARS document reflecting the name and income tax reference number.
H	Certified copy of Bank Statement/Cancelled Cheque not older than three months; (All broker commission will be deposited into this account).
I	Certified proof of physical address for FSP.
J	FSP Certificate.
K	Fax and Email indemnity form (attach as 'Appendix D').
L	FSP License and category requirements for FSP
M	Copy of discretionary client mandate (if applicable)

Should a representative form be completed please refer to Annexure C for required FICA documentation.

Name: Distribution Representative

Signed at (place) this day of 20

Signature of Authorised Signatory

9. FINANCIAL SERVICE PROVIDER DECLARATION AND SIGNATURE

The FSP acknowledges and agrees that no payment of any commission and/or remuneration in respect of any business that may be introduced by the FSP before the Agreement has been signed will be made.

The FSP hereby agrees to bind itself to the conditions stipulated by the Administrator and acknowledges that should any other information herein provided be false, incomplete or misleading in any manner or form, the Administrator shall be entitled to forthwith cancel any contract/agreement that may exist between the FSP and the Administrator.

I/We further bind my (our) self to any legislation, which is and may become applicable and will ensure compliance thereto at all times and assist the Administrator as so far it is applicable on my (our) self.

I/We agree that the Administrator has the right to amend and/or vary rules and regulations governing the terms and conditions under which they are prepared to consider granting the FSP Agreement and consequent advances and agree to abide by such variation which is at the Administrator's complete discretion.

I/We acknowledge that all Key Individuals and Representatives are fit and proper and duly comply with the requirements set out by FAIS.

I/We acknowledge that the necessary FICA requirements are in place and have been complied with as required by FICA.

Signed at (place) this day of 20

Signature

Witness

Name in full

Capacity

Signature

Witness

Name in full

Capacity

APPENDIX AExtract of the minutes of a meeting held by (Name of the Company/ CC/Sole Proprietor)Held at Place Date

Resolved that:

1.

(name of Company / CC) may apply for a Brokerage Agreement with the Administrator

2.

(name of Company / CC) may enter into a Brokerage Agreement with the Administrator on acceptance of its application.

3.

(name of person) is hereby authorised to sign all agreements, documentation, declarations and the Deed of Suretyship (if applicable) on behalf of

 (name of Company/CC)Signed at (place) this day of 20

Director/Member

Signed at (place) this day of 20

Director/Member

Signed at (place) this day of 20

Director/Member

Signed at (place) this day of 20

Director/Member

Signed at (place) this day of 20

Director/Member

APPENDIX B

"Your Company letterhead"

PSG Invest
PO Box 61295
Marshalltown
2107
South Africa

To whom it may concern,

I hereby authorise PSG Invest to direct any query to any person or institution by whom any of the representatives were previously employed as intermediaries/agents, brokers or employed in similar capacities.

Furthermore I hereby authorise such third party or institution to submit answers to queries or provide full details to PSG Invest in this regard.

Yours faithfully

Name of Signatory

Capacity Designation of Signatory

APPENDIX C
NEW REPRESENTATIVE
FOR OFFICE USE ONLY

Financial Adviser Code

Date Issued

REPRESENTATIVE PERSONAL DETAIL

Full names

Surnames

Title

Date of birth

Identity number

Physical address

Postal code

Postal address

Postal code

Home Tel

Work Tel

Cell phone

Fax

Email address

FINANCIAL SERVICES PROVIDER DETAIL

FSP Name

Company

☐ CC

☐ Partnership

☐ Sole Proprietor

FSP Registration number

Physical address

Postal code

Postal address

Postal code

Home Tel

Work Tel

Cell phone

Fax

Email address

Signed at (place)

this

day of

20

Authorised Signature of FSP

Signed at (place)

this

day of

20

Authorised Signature on Behalf of the Representative

Investment Specialist Name

Please supply certified copy of ID and certified copy of proof of address not older than three months with this application form.

APPENDIX D
FAX AND EMAIL INDEMNITY

I, the undersigned, authorise the Administrator to accept instructions by fax or email and hereby waive any claim that I may have against the Administrator and indemnify the Administrator against any loss incurred as a result of the Administrator receiving and / or acting upon such communication.

The Administrator will not be held responsible for any failure, malfunction or delay of any networks or electronic or mechanical device or any other form of communication used in the submission, acceptance and processing of application form and / or transactions. The Administrator will not be liable to make good or compensate any investor or third party for any damages (whether direct or consequential), losses, claims or expenses resulting there from. The Investor or any third party indemnifies the Administrator accordingly.

FSP Name

FSP Code

Authorised signatory/ (ies) for the FSP:

1	Full name	<input type="text"/>
	Capacity	<input type="text"/>
2	Full name	<input type="text"/>
	Capacity	<input type="text"/>
3	Full name	<input type="text"/>
	Capacity	<input type="text"/>
4	Full name	<input type="text"/>
	Capacity	<input type="text"/>
5	Full name	<input type="text"/>
	Capacity	<input type="text"/>
6	Full name	<input type="text"/>
	Capacity	<input type="text"/>
7	Full name	<input type="text"/>
	Capacity	<input type="text"/>
8	Full name	<input type="text"/>
	Capacity	<input type="text"/>

Signed at (place) this day of 20

Signature of Financial Adviser

CONTACT DETAILS

Building 1, The Ingress, Corner of Magwa and Lone Creek Crescents, Waterfall City, Waterfall, 2090, Gauteng, South Africa
 PO Box 61295, Marshalltown, 2107, South Africa
 Sharecall: 0860 774 774
 Fax: +27 (0) 11 388 1143
 Email: clientservice@psg.co.za
 Website: www.psg.co.za