

BUSINESS INFORMATION OF APPLICANT

| | |
|-----------------------|--|
| FSP Number | |
| Applicant Name | |

Instructions and notes:

The application must be accompanied with the following documentation-

- (a) in the case of an applicant that is a natural person, a certified copy of his/her identity document;
- (b) in the case of an applicant that is a natural person who is not a South African, a certified copy of his/her passport and a certified copy of his/her work visa; or
- (c) in the case of an applicant that is not a natural person, proof of the applicant's registration.

Note: Any change to the information provided in this form must be reported to the Authority, in writing, within 15 days after the change has taken place.

1. Name and trading name of applicant

1.1 Provide the full name (registered name of applicant or in the case of an applicant that is a natural person the name as it appears in the applicant's identity document) of the person applying for a license.

[Please note that a license will not be granted to a person with a name that does not comply with or that is contrary to any applicable legislation.]

| | |
|---------------------------|--|
| Full name of applicant | |
| Trading name of applicant | |

2. Institutional form of applicant

2.1 Indicate whether the applicant is a natural person.

| | | | | |
|----------------|-----|--------------------------|----|--------------------------|
| Natural person | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|----------------|-----|--------------------------|----|--------------------------|

2.2 If the answer to question 2.1 is yes, provide the following information :

| | | | |
|--|-------------------------------|--|---------------------------------|
| Identity number / Passport number (Passport no. must only be provided if applicant is not a South African citizen) | | | |
| Date of birth | | | |
| Previous Surname (if applicable) | | | |
| Country of residence | | | |
| Nationality | | | |
| Gender | 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: | |

2.3 If the answer to question 2.1 is no, indicate the applicable institutional form of the applicant and provide the information requested.

| | | | | | | |
|-----|--|--------------------------|---|--|---|--|
| (a) | Trust Indicate and describe type of trust | <input type="checkbox"/> | | | | |
| (b) | Partnership Indicate and describe type of partnership | <input type="checkbox"/> | | | | |
| (c) | Union Indicate and describe type of Union | <input type="checkbox"/> | | | | |
| (d) | Close Corporation | <input type="checkbox"/> | | | | |
| (e) | Company Indicate and describe type of Company | <input type="checkbox"/> | Public <input type="checkbox"/> | Private <input type="checkbox"/> | Non-profit <input type="checkbox"/> | Other <input type="checkbox"/> |
| | Specify and describe type of company if "other" is indicated | | | | | |
| (f) | Co-operative | <input type="checkbox"/> | | | | |
| (g) | Other Please specify and describe type of applicant if none of the types in (a) to (f) is applicable | <input type="checkbox"/> | | | | |

2.4 Indicate the reference, registration or incorporation number of the applicant and country where applicant is registered, incorporated or established.

| | | | |
|-----|--|--|---|
| (a) | Registration/Reference/Incorporation number | | |
| (b) | Country of registration/incorporation/ establishment | South Africa <input type="checkbox"/> | Foreign Jurisdiction <input type="checkbox"/> |
| (c) | Indicate country of registration if applicant is registered, incorporated or established in a foreign jurisdiction | | |
| (d) | If applicant is a company registered, incorporated or established in a foreign jurisdiction, indicate whether company is registered as an external company in South Africa | External company registration Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| (e) | If answer in paragraph (d) is yes, provide the applicant's external company registration no. | | |

3. Applicant's contact details**Important Note:**

- (a) The Authority will liaise with the applicant regarding all matters concerning the applicant, and its license, including the maintenance of the license, in the event that a license is granted,–
- (i) in the case of the applicant being a natural person, via electronic mail using the e-mail address of the applicant recorded hereunder; or
- (ii) in the case of the applicant being a person other than a natural person, via electronic mail using the e-mail address of the designated contact person of the applicant as recorded in section 5.
- (b) Where an e-mail address is not recorded for the applicant referred to in (a)(i) or the designated person referred to in (a)(ii), the Authority will liaise with the applicant via the postal address of the applicant recorded hereunder.
- (c) Any requirement in a financial sector law that any notice or information must be provided to the applicant, will be regarded as effective service of such notice or information if it was submitted to the applicant in accordance with paragraph (a) and (b).

Provide the following information:

| | |
|--|-----------------------------|
| Physical address | |
| Please indicate whether the physical address recorded above also serves as the residential address of the applicant. | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Postal address | |
| Telephone number | |
| Mobile Phone Number (Only if applicant is a natural person) | |

| | |
|-----------------|--|
| E-mail address | |
| Website address | |

4. Other business premises of applicant

4.1 Does the applicant render or intend to render financial services from premises other than the premise recorded in section 3? If yes, indicate from how many premises it renders or intend to renders such financial services.

Number:

4.2 If the answer to section 4.1. is yes, indicate the number of premises per the following areas:

| | |
|-------------------|--|
| Western Cape | |
| Eastern Cape | |
| KwaZulu-Natal | |
| Mpumalanga | |
| North West | |
| Northern Cape | |
| Limpopo | |
| Gauteng | |
| Northern Province | |
| International | |

5. Details of applicant's designated contact person

An applicant that is a natural person does not have to complete this section as the Authority will communicate directly with the applicant.

Instructions and notes:

The designated contact person of the applicant must be one of its key individuals.

The Authority will liaise with the designated contact person regarding all matters concerning the applicant and its license in the event that a license is granted, including the maintenance of its license, and all correspondence in connection with the aforementioned will be sent to the e-mail address of the designated contact person.

Provide the following details of the applicant's designated contact person:

| | |
|---|--|
| Title | |
| Full Names | |
| Surname | |
| Identity No. / Passport No. (Passport no. may only be provided if applicant is a foreign national) | |
| Mobile number | |
| Telephone number | |
| E-mail address | |

6. Banking Details

Provide the details of the applicant's business bank account. If the applicant has more than one business bank account, provide details of the other accounts in a separate annexure. The applicant must attach the latest bank statement, issued by the Bank, for all bank accounts listed under this section.

| | |
|----------------|--|
| Name of Bank | |
| Branch name | |
| Account number | |

7. Dealing with money, premium or other assets of clients or product suppliers

7.1 Will the applicant, or does the applicant intend to collect, receive, hold or in any other manner deal with money, premium or other assets, on behalf of a client or a product supplier, or that is payable in respect of a financial product?

Yes ☐ No ☐

7.2 If the answer to question 7.1 is yes, provide details of the separate bank account/s in which the money, premium or assets will be held. If more than one bank account, provide details of the other accounts in a separate annexure. The applicant must attach the latest bank statement, issued by the Bank, for all bank accounts listed under this section.

Name of Bank

Branch name

Account number

7.3 Indicate whether the applicant intends to collect, receive, hold or in any other manner deal with premium payable in respect of a short-term insurance policy?

Yes ☐ No ☐

7.4 If the answer to section 7.3 is yes, provide following information and attach a copy of the guarantee policy or contract as contemplated in section 45 of the Short-term Insurance Act, 1998 (Act No. 53 of 1998), and the regulations issued pursuant thereto:

IGF No.

8. Other Regulators

8.1 Is the applicant subject to regulation imposed by any other regulatory authority whether within or outside the Republic of South Africa?

South African Regulator

Yes ☐ No ☐

Foreign Regulator

Yes ☐ No ☐

8.2 If the answer to section 8.1 is yes, provide the following details:

Jurisdiction/s of regulator

Name of regulator/s

8.3 Provide in a separate annexure a list of activities for which the applicant is regulated per jurisdiction and regulator and attach proof of authorisations or registrations and proof of authorisation /registration number.

9. Business activities of the applicant

Provide in a separate annexure a summary of the applicant's current activities.