

**APPLICATION FOR APPROVAL AS COMPLIANCE OFFICER
PHASE 1 APPROVAL**

Applicant Name

Instructions and notes:

- (a) A passport number will only be accepted if the applicant is not a South African Citizen.
- (b) Race must only be indicated if the applicant is a South African Citizen.
- (c) A copy of the identification document of the applicant (if he/she is a South African citizen) or passport (if he/she is not a South African Citizen) must accompany the application.
- (d) The Authority will liaise with the compliance officer or practice regarding all matters concerning the officer or practice and its approval, including the maintenance of the approval, in the event that an approval is granted via electronic mail using the e-mail address of the applicant recorded in section 6;
- (e) Where an e-mail address is not recorded for the applicant, the Authority will liaise with the applicant via the postal address of the applicant recorded in section 6;
- (f) 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 (d) or (e).
- (g) 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. Type of applicant

Indicate the type of person applying for phase 1 approval and complete the relevant sections.

Natural Person (excluding a natural person appointed by a compliance practice)
(complete section 4.)

☐

Compliance practice
(complete section 5)

☐

Director, member or partner of a compliance practice
(complete section 4)

☐

Natural person appointed by compliance practice
(complete section 4)

☐

2. Internal or external compliance officer

Indicate whether person intends to render compliance services as an internal or external compliance officer or both.

Internal Compliance Officer

☐

External Compliance Officer

☐

3. Category of FSPs in respect of which compliance services will be rendered

Indicate the categories of providers in respect of which approval is sought to render compliance services.

Category I

☐

Category II

☐

Category IIA

☐

Category III

☐

Category IV

☐

4. Personal information

4.1 Provide the following information:

This subsection must be completed by all applicants other than an applicant seeking approval as a compliance practice.

Full Names

Surname			
Nationality			
Country of residence			
Identity / Passport Number <i>(Passport no. must only be provided if applicant is not a SA citizen)</i>			
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	

4.2 Provide the following information:

This subsection must only be completed by applicants who are directors, members, partners of a practice and natural persons appointed by a practice that seek Phase 1 approval.

Name of appointing practice	
Approval no. of appointing practice	

5 Compliance practice

This section must only be completed by an applicant seeking approval as a compliance practice.

Please note that all directors, members or partners of the applicant seeking approval as a compliance practice must have Phase 1 approval.

5.1 Provide the following information:

Name of practice			
Institutional form of practice	Company <input type="checkbox"/>	Close Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>
Registration no of practice			
Country of registration			
Contact person of practice			
B-BBEE Status of practice:			
Indicate whether the applicant 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"/>	

5.2. Provide the following information of all directors, members and partners of applicant:

Full Names	Surname	Nationality	ID/Passport No	Phase 1 approval no.

6 Contact details of applicant**Provide the following information:***(This section must be completed by all applicants.)*

Physical address	
Postal Code	
Postal address	
Telephone Number	
Fax Number	
Mobile Phone Number	
E-mail address	

6. Honesty and integrity

Answer all the questions below. If the answer to any of the questions is YES, provide a full explanation and all information in a separate annexure and attach to the application form.

Has the applicant ever-		Yes	No
1.1	<p>been found guilty in any criminal proceedings or liable in any civil proceedings by a court under any law in any jurisdiction of-</p> <p>(a) an offence under a law relating to the regulation or supervision of a financial institution as defined in the Financial Institutions (Protection of Funds) Act, 2001 (Act No. 28 of 2001) or a corresponding offence under the law of a foreign country;</p> <p>(b) theft, fraud, forgery, uttering a forged document, perjury or an offence involving dishonesty, breach of fiduciary duty, dishonourable or unprofessional conduct; or</p> <p>(c) an offence under the Prevention of Corruption Act, 1958 (Act No. 6 of 1958), the Corruption Act, 1992 (Act No. 94 of 1992) or Parts 1 to 4, or section 17, 20 or 21, of the Prevention and Combating of Corrupt Activities Act, 2004 (Act No. 12 of 2004), or a corresponding offence under the law of a foreign country?</p>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	been convicted of any other offence committed after the Constitution of the Republic of South Africa, 1996, took effect, where the penalty imposed for the offence was a significant fine?	<input type="checkbox"/>	<input type="checkbox"/>
1.3	accepted civil liability for, or has been the subject of a civil judgment in respect of, theft, fraud, forgery, uttering a forged document, perjury or an any conduct involving dishonesty, breach of fiduciary duty, misrepresentation, or negligent, dishonourable and unprofessional conduct?	<input type="checkbox"/>	<input type="checkbox"/>
1.4	been the subject of frequent or material preventative, remedial or enforcement actions by the Authority or a regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
1.5	been removed from an office of trust for theft, fraud, forgery, uttering a forged document, misrepresentation, dishonesty, breach of fiduciary duty or business conduct?	<input type="checkbox"/>	<input type="checkbox"/>
1.6	breached a fiduciary duty?	<input type="checkbox"/>	<input type="checkbox"/>
1.7	been suspended, dismissed or disqualified from acting as a director, managing executive, public officer, auditor or statutory actuary (or his or her alternate) under any law or any action to achieve one of the aforementioned outcomes has been instituted against the person?	<input type="checkbox"/>	<input type="checkbox"/>
1.8	been refused a registration, approval, authorisation or licence to carry out a trade, business or profession, or has had that registration, approval, authorisation or licence suspended, revoked, withdrawn or terminated by a regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
1.9	been denied registration or membership of any professional body or has had that registration or membership revoked, withdrawn or terminated by a professional body because of matters relating to honesty, integrity, or business conduct?	<input type="checkbox"/>	<input type="checkbox"/>
1.10	<p>been disciplined, reprimanded, disqualified, or removed in relation to matters relating to honesty, integrity, incompetence or business conduct by a-</p> <p>(a) professional body; or</p> <p>(b) regulatory authority,</p> <p>or has any action to achieve one of the aforementioned outcomes been instituted against the applicant?</p>	<input type="checkbox"/>	<input type="checkbox"/>
1.11	knowingly been untruthful or provided false or misleading information to, or been uncooperative in any dealings with, the Authority or a regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>

1.12	demonstrated a lack of readiness and willingness to comply with legal, regulatory or professional requirements and standards?	<input type="checkbox"/>	<input type="checkbox"/>
1.13	been found to be not fit and proper by the Authority or a regulatory authority in any previous assessments of fitness and propriety?	<input type="checkbox"/>	<input type="checkbox"/>
1.14	been involved or is the applicant involved as a director, trustee, member partner, controlling shareholder or managing executive, or is the applicant concerned in the management, of a business that has been- (a) the subject of any matter referred to in questions 1.1 to 1.13 above, or (b) placed in liquidation or business rescue; while the applicant has been connected with that organisation?	<input type="checkbox"/>	<input type="checkbox"/>
1.15	failed to disclose any information required to be disclosed in terms of the Act?	<input type="checkbox"/>	<input type="checkbox"/>
1.16	been prohibited, by the Authority or any other regulatory body or authority from operating in the financial services industry?	<input type="checkbox"/>	<input type="checkbox"/>
1.17	been involved with an entity which has been censured, disciplined, suspended or refused membership or registration by a stock exchange, futures exchange, other market or regulatory body or authority?	<input type="checkbox"/>	<input type="checkbox"/>
1.18	knowingly or negligently aided or abetted other persons in the breaching of any laws, regulations, exchange rules and/or codes of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
1.19	been the subject of any investigation or disciplinary proceedings by any regulatory authority (whether in the Republic or elsewhere), exchange, professional body, government body or agency?	<input type="checkbox"/>	<input type="checkbox"/>
1.20	been or is its estate sequestrated or liquidated, either voluntarily or involuntarily?	<input type="checkbox"/>	<input type="checkbox"/>
1.21	been subject to or currently is subject to any pending proceedings that may lead to a conviction of any offence or finding of any liability under any law in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
1.22	been or currently is subject to any investigation or proceedings or pending proceedings or is the applicant aware of any investigations or proceedings that may commence?	<input type="checkbox"/>	<input type="checkbox"/>
1.23	been or currently is subject to any other proceedings that may result in any matter referred to in question 1.1 to 1.22?	<input type="checkbox"/>	<input type="checkbox"/>

7. General Disclosure Question

Does the applicant have any additional information, which should be brought to the Authority's attention that may have an impact on the evaluation by the Authority of its honesty, integrity or good standing or that may impact on the applicant's ability to obtain or maintain approval as a compliance officer?

[If the answer to the questions is YES, a full explanation and all relevant information must be provided in a separate annexure.]

Yes ☐ No ☐

8. Qualifications

Provide the following information:

Instructions and notes:

- Please refer to the List of Recognised Qualifications to determine whether the qualifications listed under this section are recognised. If the qualifications are not recognised you must, **prior** to submitting this application, apply in the prescribed form and manner to the Authority for recognition of the qualification.
- If the qualification is recognised, indicate under 'Qualification Code' in column three of the Table under this section the qualification ID number as reflected on the List of Recognised Qualifications.
- Attach certified copies of the qualifications.

No.	Qualification code	Qualification	

9. Experience

9.1 Provide the following information regarding the applicant's work experience:

Instructions and notes:

- All positions held since inception of the applicant's career must be listed hereunder.
- Full details of the applicant's responsibilities for every position held in the **last five years** must be provided in a separate annexure to illustrate that the applicant complies with the relevant experience requirements.
- Attach a copy of the applicant's CV.
- The CV must include sufficient detail to satisfy the Authority that the applicant has at least three years' experience in performing a compliance or risk management function and that the applicant complies with the required experience in relation to the different categories of providers in respect of which compliance services are to be rendered.

No	Date of Employment (dd/mm/yy – dd/mm/yy)	Employer	Position Held

9.2 Do you have at least three years' experience in performing a compliance or risk management function?

Yes ☐

No ☐

9.3 Indicate the months of experience obtained in performing a compliance or risk management function in respect of the specific category(ies) of FSP in respect of which approval is sought to render compliance services.

Category of FSP	Months Experience
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"/>	

9.4. Provide-

(a) reference letters from appropriate senior officials that confirm the particular experience obtained by the applicant and his/her employment history. Reference letters must be provided for all experience on which the person relies to demonstrate compliance with the relevant experience requirement; and

(b) the following information:

No.	Name of Person providing reference	Company Employed	Designation

10 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"/>

11 Services under supervision

11.1 Will the applicant be rendering compliance services under supervision?

Yes ☐

No ☐

11.2 If the answer to question 11.1 is yes, provide the following information:

Name of Supervisor

Phase 1 approval number of supervisor

11.3 The following information must be provided in a separate document attached as an annexure to the application:

- (a) Confirmation from the supervisor that he/she has the required operational ability to supervise the rendering of compliance services by the applicant; and
- (b) A copy of the supervision agreement.

12. General requirements

Have you entered into a compromise with creditors, are you an unrehabilitated insolvent or have you been provisionally sequestrated or liquidated?

Yes ☐ No ☐

13. Additional requirements applicable to external compliance officers

If the answer to any of these questions is No, provide full details in a separate document signed by the compliance officer or person delegated by the compliance practice and attach to the application form.

Questions		Yes	No
1.	Do you have a fixed business address?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have the operational ability to render compliance services efficiently?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have adequate storage and filing systems for the safe-keeping of records, business communications and correspondence?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have control structures, processes and procedures with reference to-		
	(a) segregation of duties where such segregation is appropriate from an operational and risk mitigation perspective?	<input type="checkbox"/>	<input type="checkbox"/>
	(b) control of access to the compliance officer's premises?	<input type="checkbox"/>	<input type="checkbox"/>
	(c) access rights and data security on electronic data?	<input type="checkbox"/>	<input type="checkbox"/>
	(d) physical security of your records?	<input type="checkbox"/>	<input type="checkbox"/>
	(e) business policies and controls?	<input type="checkbox"/>	<input type="checkbox"/>
	(f) system application testing?	<input type="checkbox"/>	<input type="checkbox"/>
	(g) disaster recovery and back-up procedures on electronic data?	<input type="checkbox"/>	<input type="checkbox"/>
	(h) a business continuity plan?	<input type="checkbox"/>	<input type="checkbox"/>

14 Consent

I, (full name of director, member, partner, trustee), identity / passport number, hereby authorise the **Authority**, and its duly authorised verification agent, to request or confirm any personal information as well as any other information that I have provided in support of my application to any personal data holders (including but not limited to the South African Police Services, the Government of the RSA, industry bodies and associations, employers and any educational, training, credit bureau and fraud prevention organisations) for the purpose of verifying my personal credentials and records.

Credential verification types include, but are not limited to, educational qualifications, professional membership, employment history, employment references including industry employment registers, consumer credit, criminal records, drivers' licence, and fraud prevention checks.

I authorise the personal data holders (including but not limited to the aforesaid institutions) to furnish information regarding my credentials, whether claimed or not, to the **Authority** and its duly authorised verification agent. I unconditionally indemnify the **Authority**, its verification agent and the personal data holders against any liability that may result from furnishing information in this regard.

I, (name of applicant) declare that the information provided in this form is correct.

.....
Signature

.....
Date