

## Annexures for Conduct of Business Report

### FOCUS AREA 1

#### Annexure 1.1.4

##### Q1.1.4

COMPANY – Details of Director/s							
Name & Surname	Identity Number / Passport Number	Business Address	Independent	Executive / Non-Executive	Date of Appointment	Date of Resignation	Role

CLOSE CORPORATION – Details of Member/s					
Name & Surname	Identity Number / Passport Number	Business Address	Membership Interest %	Date of acquisition	Role

TYPE OF TRUST: Bewind ☐ Discretionary ☐ Vesting ☐

TRUST – Details of Trustee/s			
Name & Surname	Identity Number / Passport Number	Business Address	Role

<b>TRUST – Details of Beneficiary/ies</b>			
<b>Name &amp; Surname</b>	<b>Identity Number / Passport Number</b>	<b>Contact details</b>	

<b>PARTNERSHIP – Details of Partners</b>			
<b>Name &amp; Surname</b>	<b>Identity Number / Passport Number</b>	<b>Business Address</b>	<b>Role</b>

## FOCUS AREA 2

### Annexure 2.1.3

#### Q 2.1.3

Name of product supplier(s)	Percentage of business

## FOCUS AREA 6

### Annexure 6.4

#### Q 6.4

Representatives non-compliance with fit and proper requirements			
Name and surname of representative	Description of non-compliance (e.g. honesty and integrity, qualification etc.)	Representative debarred?	Reported to the Authority?
<i>FSP to insert</i>	<i>FSP to insert</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<i>FSP to insert</i>	<i>FSP to insert</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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#### 6.4

Key individuals – non-compliance with fit and proper requirements		
Name and surname of key individual	Description of non-compliance (e.g. honesty and integrity, qualification etc.)	Reported to the Authority?
<i>FSP to insert</i>	<i>FSP to insert</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>FSP to insert</i>	<i>FSP to insert</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

*(If the above is marked as yes, reported to the Authority, the following request should not appear and it should not be possible to upload an annexure.)*

If the FSP did not report its key individual's non-compliance to the Authority, provide reasons for not reporting.

## FOCUS AREA 7

### Annexure 7.1

#### Q7.1

Complaints	
How many complaints have you received in the past 12 months?	
How many complaints related to the following:	
Products	
Services of the product supplier	
Services of a third party	
How many of the above complaints were:	
Finalised	
Pending	
Of the complaints finalised, how many were resolved:	
In favour of the client	
In favour of the FSP	
Have any of the complaints resulted in litigation? Yes / No If yes, please provide details	
How many of the above cases were: Finalised Pending	

<b>Have any of the above complaints been referred to any Ombud?</b>	Yes / No
If yes, please provide the following details:	
Nature of the complaint	
Name of Ombud	
Number of complaints referred	
<b>Did you agree to any settlements in respect of the referral?</b>	Yes/ No
What was the outcome of the referral?	

## Annexure 7.2

### Q 7.2 FSP's analysis of complaints

	Description	Corrective action taken, if any
<b>Underlying reason for complaints</b>	<i>FSP to insert</i>	<i>FSP to insert</i>
<b>Trends identified</b>	<i>FSP to insert</i>	<i>FSP to insert</i>

## FOCUS AREA 8

### Annexure 8.2

#### Q 8.2

Type of Agreement	Insurer 1	Insurer 2	Insurer 3
Binder			
Outsourcing			
Intermediary			
Other			

### Annexure 8.3

#### Q 8.3

Termination of agreement/s to perform administration of assistance policies	
Name of insurer	Reason for termination
Insurer 1	FSP to insert
Insurer 2	FSP to insert

## FOCUS AREA 9

### Annexure 9.7

#### Q 9.7

##### Premium Collection Agency

Is the FSP registered with the Payments Association of South Africa (PASA)?	Yes	No
How many Insurance Companies do you collect premiums on behalf of?		
Do you have agreements with the Insurers?	Yes	No
If you do not have agreements in place, did you submit a section 19(3) report?	Yes	No
Provide the total value of premiums collected	R	



## Focus Area 10

### Annexure 10.4

Details of bank account designated for client funds	
Bank name	FSP to insert
Branch name	FSP to insert
Type of account	FSP to insert
Name of account	FSP to insert
Account number	FSP to insert

## Focus Area 11

### Annexure 11.2

Name of Nominee	Registration number	Name of holding company of Nominee
FSP to insert	FSP to insert	FSP to insert
FSP to insert	FSP to insert	FSP to insert

**FOCUS AREA 12**

**Annexure 12.2**

Breaches of provisions of client mandates			
Description	Cause	Corrective action, if any	Reported to Client
FSP to insert	FSP to insert	FSP to insert	Yes / No
FSP to insert	FSP to insert	FSP to insert	Yes / No