

## SCHEDULE A



I/we ..... (the approved compliance officer(s) of FSP..... (full name of the FSP and the FSP Number) report for the reporting period **1 September 2012 to 31 March 2015** as follows.

Questions		Yes	No	Not applicable
<b>1</b>	<i>Did the FSP offer and/or pay sign-on bonuses to any recipient during the period <b>1 September 2012 to 31 August 2014</b>?</i>			
1.1	If question 1 was answered "yes" Schedule B must be completed			
<b>2</b>	<i>Did the FSP offer and/or pay sign-on bonuses to any recipient during the period <b>1 September 2014 to 3 December 2014</b>?</i>			
2.1	If question 2 was answered "yes" – Did the FSP offer and/or pay sign-on bonuses to new entrants only?			
2.2	If question 2.1 was answered "no" Schedule C should be completed			
<b>3</b>	<i>Did the FSP offer and/or pay sign-on bonuses to a recipient <b>on or after 4 December 2014</b>?</i>			
3.1	If question 3 was answered "yes" – Did the FSP offer and/or pay a sign-on bonus to new entrants only?			
3.2	If question 3.1 was answered "yes" – Are the sign-on bonuses offered and/or paid linked to any performance criteria?			
3.3	If question 3.1 was answered "no" Schedule C should be completed			
<b>4</b>	<i>Does the FSP have systems and procedures in place to monitor inappropriate replacement products?</i>			
<b>5</b>	<i>If the FSP does not have the information to complete schedules B and/or C it must provide a detailed explanation as an annexure to this report why it does not have the ability to provide the information.</i>			



## DECLARATION TO BE COMPLETED AND SIGNED BY COMPLIANCE OFFICER(S) SUBMITTING THE REPORT

Name(s) of compliance officer(s)

Identity number of compliance officer(s)

**Declaration:**

Having completed the relevant schedules for the abovementioned FSP, I/we hereby confirm that, to the best of my/our knowledge and ability, all the information contained in the Schedule(s) is true and correct.

I/we are aware that the information contained in the schedules may be subject to verification by the Registrar of Financial Services Providers, and should I/we knowingly submit false, incorrect or misleading information to the Registrar, this may impact on my/our compliance with the fit and proper requirements contemplated in section 6A of the Act.

Date of signature

Compliance Officer signature(s)

Name of Key Individual

Signature of Key Individual