

INTERMEDIARY APPROVAL APPLICATION FORM

Thank you for choosing Hollard Group Risk, a division of Hollard Life Assurance Company. Please complete and return the signed form as well as the required documentation to your Business Development Consultant.

Important Notice

Hollard Group Risk is an accountable institution in terms of the Financial Intelligence Centre Act 38 of 2001 (FICA). To comply with the requirements of FICA, we are required to identify our intermediaries by performing Customer Due Diligence.

For all new applicants we will only enter into an agreement once we have finalised the Customer Due Diligence process and verified the identity of the intermediary.

We kindly request that you complete all Parts (applicable to your type of Organisation) of this form in its entirety, ensuring all information is written down exactly as it appears in the relevant registration and/or other documentation.

PART A: INTERMEDIARY DETAILS

Full registered business name:

Trading name (if applicable):

Registration number:

Physical address:

Code:

Postal address:

Code:

Email address:

Contact number:

Web address:

TYPE OF BUSINESS

Private company:

☐

Public company:

☐

Close corporation:

☐

Trust:

☐

Sole proprietor:

☐

Registration Number:

Registration Number:

Registration Number:

Registration Number:

Identity Number:

Business commencement date:

Is the business a registered VAT vendor: ☐ Yes, VAT registration number:

☐ No

Please attach a copy of the VAT certificate. If no VAT number is provided, we will assume that the taxable turnover is less than R1 million per annum and that the intermediary does not need to be registered for VAT. Please note that in this instance no VAT will be payable.

Is the business a registered BBBEE contributor: ☐ Yes (Please attach copy of BBBEE certificate/affidavit)

☐ No

FAIS REQUIREMENTS

FSP number:

Please attach a copy of your FSP license showing special conditions and approved products.

Do you have Professional Indemnity Insurance? ☐ Yes ☐ No

PREMIUM COLLECTION

Will you be responsible for the collection of premiums? ☐ Yes ☐ No

PERSONAL DETAILS OF THE AUTHORISED CONTACT PERSON (individual authorised to act on entity's behalf)

Authorised contact person:

Identity number:

Email address:

Contact number:

Designation:

Please provide the details of authorised representatives who will submit business on behalf of the intermediary and who would be required to complete product training. If a juristic representative is included, please attach a copy of the Section 13 certificate.

Full name(s) and surname

Email address

GENERAL

Have you or any of the Directors' / Partners' / Members' estates ever been sequestrated, or have you ever effected a compromise with any of your creditors?

No ☐ Yes ☐ (Provide details below)

Have you or any of the Directors' / Partners' / Members' estates ever been convicted of a criminal offence, or had civil judgement against you?

No ☐ Yes ☐ **(Provide details below)**

Has any insurer declined to grant or cancelled an intermediary agreement, and/or any commission arrangements?

No ☐ Yes ☐ **(Provide details below)**

Has any party to this application ever been declared insolvent, placed in liquidation (whether provisional or final), or reached a compromise with creditors?

No ☐ Yes ☐ **(Provide details below)**

Does any party to this application have any (pending , current or past) criminal convictions, defaults or judgements or paid an admission of guilt fine other than speeding or parking offences?

No ☐ Yes ☐ **(Provide details below)**

Is there any material fact that is likely to influence the assessment of this application which will affect the decision Hollard Group Risk makes regarding the approval of the intermediary application?

No ☐ Yes ☐ **(Provide details below)**

All the information that we request in this application is material. Please provide any relevant information on a separate page if necessary and attach to this application. If you have any doubt as to whether a fact would be considered material, you should declare it upfront to enable us to make an informed decision. Where necessary, please provide proof to substantiate your explanation/ declaration.

PART B: FICA

Applicant's primary source of income:

Applicant's primary business activity:

FICA requires financial institutions to identify and verify all clients with whom we conduct business. This identification process requires verification of the individuals that are beneficial owners (i.e. who owns 5% or more of the company's shares or voting rights or a natural person exercising effective control without owning shares).

In the event the applicant is owned by another legal entity (a 'holding company'), the details of that entity should be provided. The necessary supporting documentation should be submitted along with this form. We will also require the details of the natural person who owns this legal entity or the directors of the holding company.

To enable Hollard Group Risk to identify the ultimate beneficial owner, please complete the table below for:

- The Natural Person(s) that holds 5% or more interest/ shares/voting rights (Controlling Ownership).
- Should there be no Controlling Ownership, provide the details of the individual(s) who exercise control over the entity by other means.
- In the absence of the above, provide details of the individual(s) that exercise control over the management of the entity (e.g. Non-Executive/Director/Independent Non-Executive Director/Manager etc.).

Natural Person / Individual 1:

Full name(s) and surname:

Date of birth:

Identity number/ passport number:

Nationality (if not South African):

Residential address:

Interest/shareholding in the business: Yes % No

Natural Person / Individual 2:

Full name(s) and surname:

Date of birth:

Identity number/ passport number:

Nationality (if not South African):

Residential address:

Interest / shareholding in the business: Yes % No

Natural Person / Individual 3:

Full name(s) and surname:

Date of birth:

Identity number/ passport number:

Nationality (if not South African):

Residential address:

Interest / shareholding in the business:

Yes

%

No

Natural Person / Individual 4:

Full name(s) and surname:

Date of birth:

Identity number/ passport number:

Nationality (if not South African):

Residential address:

Interest / shareholding in the business:

Yes

%

No

Natural Person / Individual 5:

Full name(s) and surname:

Date of birth:

Identity number/ passport number:

Nationality (if not South African):

Residential address:

Interest / shareholding in the business:

Yes

%

No

***An additional page can be added if required.*

PART C: PRIVACY STATEMENT

At Hollard Group Risk, we respect the privacy and confidentiality of the personal and confidential information of you and your employees/members. We will treat this information responsibly and we have put reasonable security measures in place to protect it.

The information provided will only be used for its intended purposes. If necessary, we may need to share information with third parties. These third parties are other insurance and/or reinsurance companies, or service providers that may assist us in delivering services to you. We impose the same strict confidentiality standards on these third parties as is applied by us.

The full Hollard Privacy Notice and Policy is available on the Hollard website through the following web address:
https://www.hollard.co.za/binaries/content/assets/hollardcoza/pages/about-us/legal-requirements/south-africa/hollard_privacy_policy.pdf

PART D: DECLARATION AND CONSENT

I, the Authorised Contact Person, warrant that I am duly authorised to complete and submit the application for intermediary approval on behalf of the company and all parties represented herein by myself and if requested will provide adequate proof of such authority.

On my own behalf, and on behalf of any other party I represent, I:

1. Warrant that the information supplied in this application is true, accurate and complete in all respects.
2. Understand that this consent gives permission for Hollard Group Risk to make the necessary enquiries and gather information for the purposes of assessing this intermediary approval application and accreditation. This includes allowing Hollard Group Risk to make, on a confidential and discreet basis, enquiries with third parties and/or interview my/our auditors and/or legal advisors and to request them to furnish Hollard Group Risk with a certificate or statement of good standing, if necessary.
3. Indemnify Hollard Group Risk, its agents, appointed representatives and its employees against any liability whatsoever, which may result from furnishing or receiving information in this regard and hold them harmless on my own behalf, and on behalf of any other parties that I represent herein.
4. Acknowledge that all information in this form is essential to enable Hollard Group Risk to properly evaluate the following information:
 - a. That may be recorded at any credit bureau;
 - b. Regarding any criminal history or record, previous convictions and any other relevant information usually furnished by the Criminal Record Centre;
 - c. Regarding any other material fact which is likely to influence the outcome of the application.
5. Will inform Hollard Group Risk should there be a change in the information between the date of this application and the date of its acceptance and the inception date of any agreement that may be entered into between the parties, I will immediately notify Hollard Group Risk in writing of such change(s).
6. Accept that signing this application does not bind Hollard Group Risk to offer or to accept my agreement, but it is agreed that this application shall be the basis of the agreement and will be attached to and made a part of the agreement should an agreement be entered into.
7. Undertake to advise Hollard Group Risk immediately of any changes in Directors / Partners / Members or any other details which are pertinent to this application and agreement.
8. Agree that this application will form part of my/our agreement with Hollard Group Risk, if my/our application is successful.
9. Confirm to have the relevant knowledge, competency and proficiency to market the standard products, schemes and policies offered by Hollard Group Risk, and as approved in terms of my/our FSP license, to my/our clients.
10. Acknowledge that should any of the information given be false, misrepresented or incomplete, the intermediary agreement and accreditation may be terminated immediately.

I acknowledge that I have read and understood the content of this form and I hereby authorise Hollard Group Risk to make the necessary enquiries for the purposes of assessing the intermediary approval application.

Signed at on this day of 20

Company Authority signature

Witness signature

Witness name and surname

EMPLOYEE AFFIDAVIT

I, the undersigned (full names) , hereby confirm that:

I am an adult (male/female) and hold the position of at

(name of sole proprietor or partnership), hereinafter referred to as

“the Brokerage” with the following FSP Number

I am authorised to make this Affidavit on behalf of the Brokerage.

The facts deposed to herein fall within my personal knowledge and are to the best of my knowledge true and correct.

I have considered the status of the Brokerage and confirm that it does not fall within paragraph (a) of *employee as defined in the Income Tax Act, 58 of 1962 for the current year of assessment.

I confirm that the information provided herein is a true record of the Brokerage’s service provider status.

I undertake to inform the client of any changes to the Brokerage’s status that may cause it to fall within the definition of employee within 30 days of such an occurrence.

Signed at on this day of 20

Signature

*“employee” means a natural person—

(a) who works directly for another person; and

(b) who receives, or is entitled to receive remuneration, from that other person, but does not include an independent contractor

OATH / AFFIRMATION FOR THE EMPLOYEE AFFIDAVIT

I (full names) , hereby declare under oath / hereby truly affirm that to the best of my knowledge and belief the foregoing statements are true, complete and correct.

Signature of Deponent

JUSTICE OF THE PEACE / COMMISSIONER OF OATHS

I certify that before administering the oath / affirmation, I asked the Deponent the following questions and write down the answers in their presence:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you know and understand the contents of the above Declaration? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you have any objection to taking the prescribed oath? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you consider the prescribed oath to be binding on your conscience? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Full name

Designation (rank) and area for which appointed

Business address

I certify that Deponent has acknowledged that they know and understand the contents of this Declaration which was sworn to / affirmed before me and the Deponent's signature was placed thereon in my presence.

Date:

Place:

Stamp: Justice of the Peace /Commissioner of Oaths

PERSONAL SERVICE PROVIDER AFFIDAVIT

I, the undersigned (full names), , hereby confirm that:

I am an adult (male/female) and hold the position of at

(name of company, close corporation or trust), hereinafter referred

to as "the Brokerage" with the following FSP Number

I am authorised to make this Affidavit on behalf of the Brokerage.

The facts deposed to herein fall within my personal knowledge and are to the best of my knowledge true and correct.

I have considered the status of the Brokerage and confirm that it does not fall within paragraph (a) of *employee as defined in the Income Tax Act, 58 of 1962 ("the Act") for the current year of assessment.

I specifically confirm one or both of the following:

- not more than 80% of the total income of the Brokerage during the current year of assessment, derived from services rendered, consisted of or is likely to consist of an amount received directly or indirectly from Hollard Group Risk.
- the Brokerage has and will, throughout the current year of assessment, employ at least three full-time employees who render the services in their capacity as employees of the Brokerage and who are not shareholders, members or trust beneficiaries of the Brokerage or relatives of such excluded employees.

It is by virtue of the above fact(s) that I confirm that the Brokerage is not a "Personal Service Provider", as defined in the Fourth Schedule and section 23(k) of the Act, and Hollard Group Risk is therefore not obliged in terms of the Act to deduct employees tax from any amount owing to the Brokerage.

I undertake to inform Hollard Group Risk of any changes to the Brokerage's status that may cause it to fall within the definition of Personal Service Provider within 30 days of such an occurrence.

I confirm that the information provided herein is a true record of the Brokerage's service provider status.

Signed at on this day of 20

Signature

*"employee" means a natural person—

(a) who works directly for another person; and

(b) who receives, or is entitled to receive remuneration, from that other person, but does not include an independent contractor;

OATH / AFFIRMATION FOR THE PERSONAL SERVICE PROVIDER AFFIDAVIT

I, (full names) , hereby declare under oath / hereby truly affirm
that to the best of my knowledge and belief the foregoing statements are true, complete and correct.

Signature of Deponent

JUSTICE OF THE PEACE / COMMISSIONER OF OATHS

I certify that before administering the oath / affirmation, I asked the Deponent the following questions and write down the answers in their presence:

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|--|------------------------------|-----------------------------|
| 1. Do you know and understand the contents of the above Declaration? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you have any objection to taking the prescribed oath? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you consider the prescribed oath to be binding on your conscience? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Full name

Designation (rank) and area for which appointed

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I certify that Deponent has acknowledged that they know and understand the contents of this Declaration which was sworn to / affirmed before me and the Deponent's signature was placed thereon in my presence.

Date:

Place:

Stamp: Justice of the Peace /Commissioner of Oaths

REQUIRED DOCUMENTS

FOR ALL TYPES OF ORGANIZATIONS

Copy of VAT certificate (if applicable)

Copy of BBBEE certificate

Copy of FSP license, including special conditions and approved products

Proof of Professional Indemnity insurance

Proof of bank account (not older than 3 months) and business contingency plans (if applicable)

Copy of Section 13 certificate (if applicable)

Proof of operating address, not older than 3 months

Company Authority *ID (person who is authorised to sign this form)

Company Authority document authorising an individual to act on the entity's behalf (letter from HR or Payroll on a company letterhead / signed resolution / or signed mandate)

FOR THE NATURAL PERSON(S):

- The Natural Person(s) that owns 5% or more of the company's shares or voting rights; or
- A Natural Person exercising effective control without owning shares; or
- A Natural Person(s) who exercises control through management of the entity

Proof of address, not older than 3 months

Copy of ID or passport

Shares certificates or share register

Any other document(s) which can help establish which natural person(s) has control over the company

ORGANIZATION SPECIFIC DOCUMENTS

Company (Private or Public):

Directors' ID copies

CM1 Certificate of Incorporation; or CoR14.3 Registration certificate or CoR39 Directors changes

Close Corporation:

Directors' ID copies

CK1 Certificate of Incorporation; or CCK2 Amended founding statement

Partnership:

Partnership agreement; or declaration of partnership

Partners' ID copies

Tax clearance certificate or VAT registration and tax registration

Non-profit organisation and public/other legal entities:

Directors' ID copies or Trustee ID copies or Beneficiary ID copies

Constitution /founding document or registration certificate or legislation that governs/created the entity

Tax clearance certificate or VAT registration and tax registration