



**FINANCIAL SERVICES PROVIDER DETAILS**

FSP name

FSP number

Website (if applicable)

Affiliated FSP numbers

VAT number

Company/Close Corporation number (if applicable)

Physical address

Postal address

Office telephone number

Compliance company details (if applicable)

Compliance officer name and contact number

Total number of key individuals

Total number of representatives

Total number of other staff

B-BBEE Status (only applicable if turnover in excess of R10 mill p/annum)

**NAME OF KEY INDIVIDUAL WHO IS AUTHORISED TO SIGN THIS APPLICATION  
ON BEHALF OF THE FSP**

Title

Initials

First name

Surname

ID number

Language

E-mail Address

Cell Number

Designation

**MAIN CONTACT (IN RESPECT OF OPERATIONAL INFORMATION REQUIREMENTS)**

Title

Initials

First Name

Surname

ID number

Language

E-mail Address

Cell Number

Designation

**CONTACT (IN RESPECT OF FINANCIAL INFORMATION {IF DIFFERENT FROM ABOVE})**

Title

Initials

First Name

Surname

ID number

Language

E-mail Address

Cell Number

Designation

**TOTAL PREMIUM UNDER MANAGEMENT**

Short-term	<input type="text"/>	%
Financial planning	<input type="text"/>	%
Healthcare	<input type="text"/>	%
Employee Benefits	<input type="text"/>	%

**KINDLY INDICATE IF YOU ARE YOU INTERESTED IN RECEIVING INFORMATION REGARDING FIA SCHEMES:**

- Group Life & Other
- Professional Indemnity
- Income Protection

**APPLICATION, DECLARATION AND UNDERTAKING**

I/We the undersigned do hereby apply for membership of the Financial Intermediaries Association of Southern Africa (Association incorporated under Section 21 of the Companies Act) (“the Association”) and undertake, if admitted, to be bound by the terms and conditions set out in the Association Agreement, together with all Schedules thereto. I/We acknowledge that I/we agree to be bound by and subscribe to the Code of Conduct of the Association and to the rules, regulations and by-laws made thereunder. I/We further undertake to abide by any decision which may be reached by the Association’s Disciplinary Committee in disputes in which I/we may be involved.

I/We further undertake to advise the Association of any changes in the business or in the information given in this application form, which changes might reasonably be expected to influence the decision of the Association concerning my/our continued membership and to pay promptly all amounts due to the Association.

In the event of my/our termination of membership, I/we undertake to give the Association one calendar months’ notice, settle any outstanding fees and to remove the Association’s logo from my/our letter-heads and stationery and to return the membership certificate to the Association.

It is incumbent on any member to notify the Association of a change in shareholding or partnership or membership control within three months of such change. In the event that any member is subject to a change in control or ownership, such member may cease to be a member of the Association and may be required to re-apply for membership of the Association.

**DECLARATION**

*Please circle the appropriate response*

- (a) Have you held or applied for FIA Membership in the past? YES / NO
- (b) Has your business or any of its KIs ever been denied membership or had their membership terminated by any industry organisation or professional body? YES / NO
- (c) Do you undertake, if admitted to membership, to maintain, in full force and effect throughout your membership, professional indemnity insurance and fidelity guarantee cover (if applicable) and supply the Association with a copy of the certificate upon request? NA / YES / NO
- (d) Undertake to allow the FIA to contact your compliance officer to obtain the necessary information for activation of Membership. YES / NO

**SIGNED AT**

\_\_\_\_\_ on \_\_\_\_\_  
Place Date

\_\_\_\_\_ Name  
Signature