

INDEPENDENT FINANCIAL ADVISOR FSP APPLICATION FORM

- Please complete all relevant sections in full.
- Please read the **Broker Agreement**.
- Please ensure that all following supporting documentation is submitted with this application:

- ☐ FICA Checklist (Annexure A)
- ☐ Certified copy of FSB/FSCA license as well as the conditions and restrictions thereto.
- ☐ Proof of VAT no. (i.e. a SARS document reflecting the name of the IFA entity and VAT no.)

Once completed please send the application form together with the required supporting documents to RCIS via email to: clientservices@realfin.co.za

SECTION 1 | IFA DETAILS

- ☐ Natural Person
- ☐ SA Company
- ☐ Close Corporation
- ☐ Sole Proprietor
- ☐ Partnership
- ☐ Other (specify)

SECTION 2 | FINANCIAL SERVICE PROVIDER (FSP) DETAILS

Registered Name of FSP:	<input type="text"/>		
Registration Number:	<input type="text"/>	FSP License Number:	<input type="text"/>
Income Tax Number:	<input type="text"/>	VAT Number (If Applicable):	<input type="text"/>
Physical Address:	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/>
Postal Address:	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/>
Website Address:	<input type="text"/>		

SECTION 3 | RELATED PARTY DETAILS

HOW TO COMPLETE:

1. Please list the FSP's advisors, key individuals or representatives.
2. In addition to the above, please list all related parties based on your entity type in **Section 3.1 RELATED PARTIES SUMMARY**.
Example: If your entity type is a Company, the related parties will include a Chief Executive Officer/Managing Director, individuals authorised to act on behalf of the company, shareholders holding 5% or more, etc.
3. Complete a Related Party section (**Section 3.2 Related Parties Details**) for each party listed in the summary under Section 3.1.
4. Provide the relevant FICA documents for each Related Party (refer to **Annexure A FICA REQUIREMENTS**).

IMPORTANT: Please provide an organogram (signed by a director, senior management, company secretary or compliance officer) portraying the shareholders who own 5% or more of the entity (directly and indirectly). Further information may be requested based on the shareholding.

	SA Company	Trust	Partnership	Other Legal Entity
Related Parties	<ul style="list-style-type: none">• Chief Executive Officer/ Managing Director• Authorised signatories• Shareholders holding 5% or more• Ultimate beneficial owner(s) (UBO)	<ul style="list-style-type: none">• Founder• Trustee(s)• Beneficiaries of the trust (UBOs)• Authorised signatories	<ul style="list-style-type: none">• Partners (i.e. ultimate beneficial owners)• Authorised signatories• Persons exercising executive control	<ul style="list-style-type: none">• Members• Authorised signatories• Persons exercising executive control• Ultimate beneficial owner(s) (UBO)

3.1 | RELATED PARTIES SUMMARY

Full Name(s):		Capacity:	
Full Name(s):		Capacity:	
Full Name(s):		Capacity:	
Full Name(s):		Capacity:	
Full Name(s):		Capacity:	
Full Name(s):		Capacity:	
Full Name(s):		Capacity:	
Full Name(s):		Capacity:	

3.2 | RELATED PARTIES DETAILS

RELATED PARTY

PLEASE TICK THE RELEVANT CATEGORY

☐ Chief Executive Officer or Managing Director

☐ Authorised Representative/Signatory

☐ Founder

☐ Persons exercising executive control

☐ Member

☐ Trustee

☐ Shareholder holding 5% or more of the voting rights

☐ Partner

☐ Beneficiary of trust

Percentage holding:

☐ Ultimate Beneficial Owner (UBO)

Full Name(s): ID Number/Registration:

Business/Residential Address:

Nationality (if individual): Profession/Industry of Work:

Country of Residence/Incorporation:

Tax Reference Number : Tax Residency/Obligations:

Telephone (Home/Mobile) : Email Address:

Please briefly describe the activities of your entity or business (ie. what industry it is in, what products / services it sells etc.)

Have you occupied the position of a **Domestic Politically Exposed Person (DPEP)**, **Foreign Politically Exposed Person (FPEP)** or **Prominent Influential Person (PIP)**?

☐ Yes ☐ No If "Yes", please indicate that position that you occupy/occupied:

If "Yes", please indicate your source of wealth:

Continued on next page

RELATED PARTY

PLEASE TICK THE RELEVANT CATEGORY

- | | | |
|--|--|--|
| <input type="checkbox"/> Chief Executive Officer or Managing Director | <input type="checkbox"/> Authorised Representative/Signatory | <input type="checkbox"/> Founder |
| <input type="checkbox"/> Persons exercising executive control | <input type="checkbox"/> Member | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Shareholder holding 5% or more of the voting rights | <input type="checkbox"/> Partner | <input type="checkbox"/> Beneficiary of trust |
| Percentage holding: <input type="text"/> | | <input type="checkbox"/> Ultimate Beneficial Owner (UBO) |

Full Name(s): ID Number/Registration:

Business/Residential Address:

Nationality (if individual): Profession/Industry of Work:

Country of Residence/Incorporation:

Tax Reference Number : Tax Residency/Obligations:

Telephone (Home/Mobile) : Email Address:

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RELATED PARTY

PLEASE TICK THE RELEVANT CATEGORY

- | | | |
|--|--|--|
| <input type="checkbox"/> Chief Executive Officer or Managing Director | <input type="checkbox"/> Authorised Representative/Signatory | <input type="checkbox"/> Founder |
| <input type="checkbox"/> Persons exercising executive control | <input type="checkbox"/> Member | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Shareholder holding 5% or more of the voting rights | <input type="checkbox"/> Partner | <input type="checkbox"/> Beneficiary of trust |
| Percentage holding: <input type="text"/> | | <input type="checkbox"/> Ultimate Beneficial Owner (UBO) |

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RELATED PARTY

PLEASE TICK THE RELEVANT CATEGORY

- ☐ Chief Executive Officer or Managing Director
☐ Persons exercising executive control
☐ Shareholder holding 5% or more of the voting rights
Percentage holding:

- ☐ Authorised Representative/Signatory
☐ Member
☐ Partner

- ☐ Founder
☐ Trustee
☐ Beneficiary of trust
☐ Ultimate Beneficial Owner (UBO)

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RELATED PARTY

PLEASE TICK THE RELEVANT CATEGORY

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☐ Persons exercising executive control
☐ Shareholder holding 5% or more of the voting rights
Percentage holding:

- ☐ Authorised Representative/Signatory
☐ Member
☐ Partner

- ☐ Founder
☐ Trustee
☐ Beneficiary of trust
☐ Ultimate Beneficial Owner (UBO)

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Nationality (if individual): Profession/Industry of Work:

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☐ Persons exercising executive control

☐ Member

☐ Trustee

☐ Shareholder holding 5% or more of the voting rights

☐ Partner

☐ Beneficiary of trust

Percentage holding:

☐ Ultimate Beneficial Owner (UBO)

Full Name(s):

ID Number/Registration:

Business/Residential Address:

Nationality (if individual):

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☐ Persons exercising executive control

☐ Member

☐ Trustee

☐ Shareholder holding 5% or more of the voting rights

☐ Partner

☐ Beneficiary of trust

Percentage holding:

☐ Ultimate Beneficial Owner (UBO)

Full Name(s):

ID Number/Registration:

Business/Residential Address:

Nationality (if individual):

Profession/Industry of Work:

Country of Residence/Incorporation:

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Telephone (Home/Mobile) :

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☐ Yes ☐ No If "Yes", please indicate that position that you occupy/occupied:

If "Yes", please indicate your source of wealth:

Please request an **ADDITIONAL RELATED PARTIES Form** if there are more related parties.

SECTION 4 | HISTORY OF FSP

Has any other Entity ever refused to give you a Financial Advisor Agreement?

☐

Yes*

☐

No

**If "Yes" please specify below:*

Has any other Entity ever canceled a Financial Advisor Agreement with you?

☐

Yes*

☐

No

**If "Yes" please specify below:*

Has the Entity's license ever been revoked or have any of the Entity's representatives been disbarred?

☐

Yes*

☐

No

**If "Yes" please specify below:*

SECTION 5 | BANKING DETAILS FOR PAYMENT OF FEES

Account Holder:

Account Number:

Bank:

Branch Code:

Branch Name:

Account Type:

Current ☐

Cheque ☐

Savings ☐

Transmission ☐

SECTION 6 | DECLARATION

- I/We warrant the above information to be correct. RCIS shall not be liable for any loss or damage suffered on account of incorrect information provided by me/us or as a result of a change in my/our information or my/our misrepresentation or my/our involvement in any fraudulent act.
- I/We undertake to advise RCIS in writing should any of the details completed herein change subsequent to signature hereof by me/us.
- I/We further acknowledge that this FSP Application Form, together with the Terms and Conditions stated in the Broker Agreement, form the basis on which RCIS appoints me/us, and I/we agree to be bound by the said Terms and Conditions.
- I/We accept that RCIS may authorise my/our identity via a credit bureau.
- I/We accept that RCIS reserves the right to not appoint me/us as a Advisor / Financial Services Provider for whatever reason.

Authorised Signature:

Date (DD/MM/YYYY):

Name and Surname:

Place of Signature:

Authorised Signature:

Date (DD/MM/YYYY):

Name and Surname:

Place of Signature:

Category I

The FSP has been approved by the Financial Sector Conduct Authority to give advice and/or intermediary services for the following products:

No.	Financial Product	Advice		Intermediary service	
		Automated	Non-automated	Scripted execution of sales	All other intermediary services
1.1	Long-term Insurance subcategory A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Short-term Insurance Personal Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Long-term Insurance subcategory B1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Long-term Insurance subcategory C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	Retail Pension Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6	Short-term Insurance Commercial Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7	Pension Fund Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.8	Shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.9	Money market instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.10	Debentures and securitised debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.11	Warrants, certificates or other instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.12	Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.13	Derivative instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.14	Participatory interests in a collective investment scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.15	Forex Investment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.16	Health Service Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.17	Long-term Deposits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.18	Short-term Deposits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.19	Friendly Society Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.20	Long-term Insurance subcategory B2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.21	Long-term Insurance subcategory B2-A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.22	Long-term Insurance subcategory B1-A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.23	Short-term Insurance Personal Lines A1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.24	Structured Deposits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.25	Securities and instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.26	Participatory interest in a hedge fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.27	Crypto Assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Category II

The FSP has been approved by the Financial Sector Conduct Authority to give advice and/or intermediary services for the following products:

No.	Financial Product	
2.1	Long-term Insurance subcategory B1	<input type="checkbox"/>
2.2	Long-term Insurance subcategory C	<input type="checkbox"/>
2.3	Retail Pension Benefits	<input type="checkbox"/>
2.4	Pension Fund Benefits	<input type="checkbox"/>
2.5	Shares	<input type="checkbox"/>
2.6	Money market instruments	<input type="checkbox"/>
2.7	Debentures and securitised debt	<input type="checkbox"/>
2.8	Warrants, certificates and other instruments	<input type="checkbox"/>
2.9	Bonds	<input type="checkbox"/>
2.10	Derivative instruments	<input type="checkbox"/>
2.11	Participatory Interests in one or more collective investment schemes	<input type="checkbox"/>
2.12	Forex Investment	<input type="checkbox"/>
2.13	Long-term Deposits	<input type="checkbox"/>
2.14	Short-term Deposits	<input type="checkbox"/>
2.15	Long-term Insurance subcategory B2	<input type="checkbox"/>
2.16	Long-term Insurance subcategory B2-A	<input type="checkbox"/>
2.17	Long-term Insurance subcategory B1-A	<input type="checkbox"/>
2.18	Structured Deposits	<input type="checkbox"/>
2.19	Securities and instruments	<input type="checkbox"/>
2.20	Participatory interest in a hedge fund	<input type="checkbox"/>
2.21	Crypto Assets	<input type="checkbox"/>

Category IIA

The FSP has been approved by the Financial Sector Conduct Authority to give advice and/or intermediary services for the following products:

No.	Financial Product	
2A.1	Long-term Insurance subcategory B1	<input type="checkbox"/>
2A.2	Long-term Insurance subcategory C	<input type="checkbox"/>
2A.3	Retail Pension Benefits	<input type="checkbox"/>
2A.4	Pension Fund Benefits	<input type="checkbox"/>
2A.5	Shares	<input type="checkbox"/>
2A.6	Money market instruments	<input type="checkbox"/>
2A.7	Debentures and securitised debt	<input type="checkbox"/>
2A.8	Warrants, certificates and other instruments	<input type="checkbox"/>
2A.9	Bonds	<input type="checkbox"/>
2A.10	Derivative instruments	<input type="checkbox"/>
2A.11	Participatory Interests in one or more collective investment schemes	<input type="checkbox"/>
2A.12	Forex Investment	<input type="checkbox"/>
2A.13	Long-term Deposits	<input type="checkbox"/>
2A.14	Short-term Deposits	<input type="checkbox"/>
2A.15	Long-term Insurance subcategory B2	<input type="checkbox"/>
2A.16	Long-term Insurance subcategory B2-A	<input type="checkbox"/>
2A.17	Long-term Insurance subcategory B1-A	<input type="checkbox"/>
2A.18	Structured Deposits	<input type="checkbox"/>
2A.19	Securities and instruments	<input type="checkbox"/>
2A.20	Participatory interest in a hedge fund	<input type="checkbox"/>
2A.21	Crypto Assets	<input type="checkbox"/>

Category III

The FSP has been approved by the Financial Sector Conduct Authority to give advice and/or intermediary services for the following products:

No.	Financial Product	
3.1	Long-term Insurance subcategory B1	<input type="checkbox"/>
3.2	Long-term Insurance subcategory C	<input type="checkbox"/>
3.3	Retail Pension Benefits	<input type="checkbox"/>
3.4	Pension Fund Benefits	<input type="checkbox"/>
3.5	Shares	<input type="checkbox"/>
3.6	Money market instruments	<input type="checkbox"/>
3.7	Debentures and securitised debt	<input type="checkbox"/>
3.8	Warrants, certificates and other instruments	<input type="checkbox"/>
3.9	Bonds	<input type="checkbox"/>
3.10	Derivative instruments	<input type="checkbox"/>
3.11	Participatory Interests in one or more collective investment schemes	<input type="checkbox"/>
3.12	Forex Investment	<input type="checkbox"/>
3.13	Long-term Deposits	<input type="checkbox"/>
3.14	Short-term Deposits	<input type="checkbox"/>
3.15	Long-term Insurance subcategory B2	<input type="checkbox"/>
3.16	Long-term Insurance subcategory B2-A	<input type="checkbox"/>
3.17	Long-term Insurance subcategory B1-A	<input type="checkbox"/>
3.18	Structured Deposits	<input type="checkbox"/>
3.19	Securities and instruments	<input type="checkbox"/>
3.20	Participatory interest in a hedge fund	<input type="checkbox"/>
3.21	Crypto Assets	<input type="checkbox"/>