

FINANCIAL SERVICES PROVIDER CONTRACT APPLICATION FORM

- Should you have any queries regarding this application, please contact the Sygnia Client Service Centre on 0860 794 642 (0860 SYGNIA).

- **Completed forms and required documentation must be emailed to instructions@sfs.sygnia.co.za.**

DOCUMENTATION CHECKLIST

FOR THE FSP

- Copy of the FSCA licence
- Proof of banking details
- Letterhead (as proof of trade name and business address)

FOR THE BUSINESS ENTITY

- Copy of Registration Certificate (Company) or Founding Statement (Close Corporation)
- Copy of bar-coded ID for each Director (Company), each Member (Close Corporation) or the Sole Proprietor
- Proof of residential address for each Director (Company), each Member (Close Corporation) or the Sole Proprietor
- Resolution signed by all the Directors (Company) or all the Members (Close Corporation) confirming who may sign the Service Level Agreement with Sygnia Financial Services (Pty) Ltd on behalf of the Company or Close Corporation
- Proof of income Tax and Vat number- official Sars document (or equivalent Revenue Service if foreign company) written confirmation if not registered not Vat.

FINANCIAL SERVICES PROVIDER DETAILS

FSP license number: _____

Registered name: _____

Registration number: _____

Trading name: _____

VAT number: _____

Income tax number: _____

Website: _____

CONTACT DETAILS

Registered physical address of entity: _____

_____ Code: _____

Postal address of entity: _____ Code: _____

Home telephone number: (_____) _____ Work telephone number: (_____) _____

Email: _____

Contact person: _____

SYGNIA FINANCIAL SERVICES (PTY) LTD REGISTRATION NO. 2010/015491/07

CAPE TOWN: 7th Floor | The Foundry | Cardiff Street | Green Point | 8001 | T +27 446 4940 | F +27 86 680 8045

JOHANNESBURG: Unit 40 | 6th Floor | Katherine & West Building | West Street | Sandton | 2196 | T +27 10 595 0550 | F +27 86 206 5173

DURBAN: Office 2 | 2nd Floor | Ridgeview | 1 Nokwe Avenue | Ridgeside | Umhlanga Ridge | 4319 | T +27 31 001 0650 | F +27 86 206 4421

info@sygnia.co.za | www.sygnia.co.za

Sygnia Financial Services (Pty) Ltd is a licensed Financial Services Provider [FSP 44426]



CONFIRMATION OF FSP BANKING DETAILS

A cancelled cheque or recent bank statement must accompany this application as proof of bank details. No payments will be made to third parties. Bank accounts must be in the name of the FSP. All fees due to the FSP, or any of its representatives, will be paid into these accounts.

Name of account holder: _____

Name of bank: _____

Branch name: _____ Branch code: _____

Account number: _____

Type of account: Current Transmission Savings

AUTHORISED INDIVIDUALS

IF YOU ARE A SOLE PROPRIETOR YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION.

In terms of the Financial Intelligence Centre Act 38 of 2001, the accountable institution (Sygnia) must verify the identity of its clients. All authorised individuals must complete this section and attach documents as per the checklist (e.g. manager, authorised representative or person holding 25% or more of the voting rights, member/person/partner exercising executive control).

Please make copies of this section if needed.

Capacity: _____

Title: _____ Surname: _____

First name(s): _____

Date of birth: _____ Nationality: _____

ID number / passport number if foreign national: _____

Income tax number: _____

Residential address: _____

_____ Code: _____

Postal address: _____

_____ Code: _____

Home telephone number: (_____) _____ Work telephone number: (_____) _____

Cellphone number: _____ Fax number: (_____) _____

Email: _____

Occupation: _____

It is the responsibility of the FSP to supply Sygnia with an updated schedule when changes occur.

Signed at: _____ on this _____ day of _____ year _____

Signed for and on behalf of the FSP: _____

FINANCIAL ADVISOR DETAILS

NOTE: THIS SECTION MUST BE COMPLETED BY EACH INDEPENDENT FINANCIAL ADVISOR (“IFA”). PLEASE MAKE COPIES OF THIS SECTION IF NEEDED.

NOTE: PLEASE ATTACH A COPY OF YOUR ID.

In what capacity do you represent your FSP? Key individual or Representative

Title: _____ Surname: _____

First name(s): _____

Date of birth: _____ Nationality: _____

ID number / passport number if foreign national: _____

Income tax number: _____

Residential address: _____

_____ Code: _____

Postal address: _____

_____ Code: _____

Home telephone number: (_____) _____ Work telephone number: (_____) _____

Cellphone number: _____ Fax number: (_____) _____

Email: _____

Licensed for categories:

Category 1 (non-discretionary)

Category 2 (discretionary)

Sub-categories:

1.14 Participatory interest in CIS

2.11 Participatory interest in CIS

1.4 Long term – Category C

2.2 Long term – Category C

1.5 Retail pension benefits

2.3 Retail pension benefits

1.10 Securities and Instruments: Debentures and securitised debt

2.7 Securities and Instruments: Debentures and securitised debt

1.20 Long term – Category B2

2.15 Long term – Category B2

The above sub-category licenses are applicable to the Sygnia retail product offering.

Signature of financial advisor: _____

FINANCIAL ADVISOR PROFILE

This section must be completed by each IFA. Please make copies of this section if needed.

This section must be completed in full.

- 1. Number of years in the financial services industry: _____
- 2. Number of years in your current FSP: _____
- 3. Provide a list of your investment platform (LISP) and unit trust (CIS Manager) contracts and your assets under management for each:

LISP OR CIS MANAGER	ASSETS UNDER MANAGEMENT FUNDS
_____	R
_____	R
_____	R
_____	R
_____	R

- 4. Quantify your inflow expectations to the Sygnia Administration Platform over the next 12 months. R _____
- 5. Quantify total assets under management with Sygnia via other administrative platforms. R _____

FINANCIAL ADVISOR ASSISTANT DETAILS

This section must be completed by each IFA's assistant. Please make copies of this section if needed.

Title: _____ Surname: _____

First name(s): _____

Date of birth: _____ Nationality: _____

ID number / passport number if foreign national: _____

Residential address: _____
_____ Code: _____

Home telephone number: (_____) _____ Work telephone number: (_____) _____

Cellphone number: _____ Fax number: (_____) _____

E-mail address: _____

Financial advisor details: _____

Full name and surname: _____

Email: _____

COMMUNICATION PREFERENCES

Every time we receive an instruction on your clients' accounts we will email a transaction confirmation containing details of the instruction. Please indicate who should receive the communication:

- IFA
- IFA assistant

Who should receive other communication (practice notes, fund fact sheets, fee statements, etc.)?

- IFA
- IFA assistant
- Both

Signed at: _____ on this _____ day of _____ year _____

Signature of financial advisor: _____

DECLARATION BY FINANCIAL ADVISOR

- I/We acknowledge, understand and accept the Sygnia Terms and Information Document.
- I/We acknowledge, understand and accept that Sygnia may use the information I/we have provided in this form for either of the following purposes:
 - › to effectively process my/our transactions;
 - › to detect and prevent fraud;
 - › to comply with auditing and record-keeping requirements;
 - › to comply with legal and regulatory requirements;
 - › to verify my/our identity;
 - › to share information with service providers with whom Sygnia has a business agreement to process such information on Sygnia's behalf or to those who render services to Sygnia.
- I/we acknowledge and understand that I/we may access the personal information Sygnia have on record and that I/we may request that Sygnia correct any errors or delete my/our information.
- I/we acknowledge and understand that I/we can view Sygnia's full privacy policy on Sygnia's website on www.sygnia.co.za.

Signed at: _____ on this _____ day of _____ year _____

Signature of financial advisor: _____