



Financial Services Provider (“FSP”) – KI AND REP Application Form

Complete all relevant sections of this form and submit it, together with the documents listed below, to lifecycle@thecycle.co.za.

- A clear copy of the South African ID or Passport (if Foreign National) for all authorised representatives
- A document less than three months old containing the residential address of the entity or individual/s, respectively
- Copy of qualifications

FSP NAME _____ FSP NO _____

In what capacity do you represent your FSP?

Key Individual

Representative

Title Surname

First Name(s) Male Female

Date of Birth Nationality

ID or Passport Number (if Foreign National)

Income Tax Number Marital Status Single Married Divorced

Street Address

Postal Address

Care Of

Same as Street Address Yes No

Unit

Care Of

Complex

Line 1

Street Number

Line 2

Street

Line 3

Suburb

Line 4

City

Postal Code

Postal Code

Country

Country

Contact Number

Fax

Email Address

Licensed for Categories:

Category 1 (non- discretionary)

Category 2 (discretionary)

Advice and Intermediary:

- Products:
- 1.14 Participatory Interest in CIS
 - 1.4 Long Term – Category C
 - 1.5 Retail Pension Benefits
 - 1.7 Pension Fund Benefits (excluding retail pension benefits)

- Products:
- 2.11 Participatory Interest in CIS
 - 2.2 Long Term – Category C
 - 2.3 Retail Pension Benefits
 - 2.4 Pension Fund Benefits (excluding retail pension benefits)

Signature of Advisor

Provide Details Of The Advisor's Assistant

Title Surname

First Name(s) Male Female

Date of Birth Nationality

ID or Passport Number (if Foreign National)

Contact Number Fax

Email Address

Authorisation And Declaration

1. I have read and fully understood all the pages of this application and agree to the Terms and Conditions. I undertake to ensure that all Advisors are aware of and understand the Terms and Conditions and are bound thereby.
2. I understand that this application and any further documents read with the Terms and Conditions constitute the entire agreement between LifeCycle and the FSP.
3. I warrant that the information contained herein is true and correct and that where this application is signed in a representative capacity, I have the necessary authority to do so and that this transaction is within my power.
4. I authorise LifeCycle to deduct any electronic collections from the specified bank account, and to pay any applicable fees and charges, including negotiated fees to a Financial Advisor (if relevant).
5. I authorise LifeCycle to accept instructions from persons duly appointed and authorised by me in writing, e.g. an Advisor. I will not hold LifeCycle liable for any losses that may result from unauthorised instructions given to them.
6. I authorise LifeCycle to accept and act upon instructions in the prescribed format by facsimile or e-mail and hereby waive any claim that I have against LifeCycle and indemnify LifeCycle against any loss incurred as a result of LifeCycle receiving and acting on such communication or instruction.
7. I consent to LifeCycle making enquiries of whatsoever nature for the purpose of verifying the information disclosed in this application and I expressly consent to LifeCycle obtaining any other information concerning the FSP from any source whatsoever to enable LifeCycle to process this application.

FSP

Signature

Full Name

Signed at

Date