

Question		Column				
		1	2	3	4	5
		Yes	No	Not applicable	Develop - mental area	Note No. Comment/ Annexure
17.7.2.1	<i>If the answer to Question 17.7.2 is YES-</i> Does the FSP have adequate processes in place to monitor whether the representatives who have not passed the First Level Regulatory Examination have done so by the applicable date?					
17.7.3	As a separate annexure indicate the number of representatives and provide details on the total number of representatives that have passed, failed, enrolled for or not yet enrolled for the first level regulatory exam. Indicate the annexure number in column 5.					
17.8	Representatives rendering services under supervision <i>Board Notice 151 of 2008</i>					
17.8.1	Does the FSP have representatives who, on the reporting date, render financial services under supervision as contemplated in paragraph 3 of the Exemption of Services under Supervision?					
17.8.2	<i>If the answer to question 17.8.1 is YES – questions 17.8.2.1 to 17.8.2.5 must be answered</i>					
17.8.2.1	Confirm the number of representatives rendering services under supervision as well as the number of supervisors, as at the reporting date, on the Statistical Information Sheet (Section 8).					
17.8.2.2	Does the FSP have procedures in place to monitor the compliance of supervisors with paragraph 4(7)(a) to (f) of the Exemption of Services under Supervision ? If YES, attach a copy of the procedures as a separate annexure and indicate the annexure number in column 5.					
17.8.2.3	Does the FSP have procedures in place to ensure that there is a formal, documented supervision plan in place for representatives that are rendering services under supervision?					
17.8.2.4	Does the FSP have procedures in place to ensure that the fact that a representative is rendering financial services under supervision is disclosed to clients?					

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		1	2	3	4	5
		Yes	No	Not applicable	Develop - mental area	Note No. Comment/ Annexure
17.8.2.5	Was any non-compliance found in terms of representatives under supervision? If YES, submit full details of such non-compliance as well as steps taken to reasonably ensure that such non-compliance does not occur again in a separate annexure. Indicate the annexure number in column 5.					
17.9	Representatives' compliance with Code of Conduct <i>Section 13(2)(b) of Act, Board Notice 58 of 2010 and General Code of Conduct</i>					
17.9.1	Does the FSP have procedures in place to determine whether representatives adhered to the requirements stipulated in the Codes of Conduct applicable to the FSP?					
17.9.2	If the answer to Question 17.9.1 is YES – questions 17.9.2.1 to 17.9.2.4 must be answered					
17.9.2.1	In a separate annexure, describe the procedures that the FSP has in place to determine whether the representatives adhered to said requirements. Indicate the annexure number in column 5.					
17.9.2.2	Did any representatives of the FSP receive any financial interest for giving preference to the quantity of business secured for the provider to the exclusion of the quality of financial services rendered to clients after section 3A of the General Code of conduct became effective?					
17.9.2.3	Did any representatives of the FSP receive any financial interest for giving preference to a specific product supplier, where the representative may have recommended more than one product supplier to a client after section 3A of the General Code of conduct became effective?					
17.9.2.4	Did any representatives of the FSP receive any financial interest for giving preference to a specific financial product of a product supplier, where the representative was able to recommend more than one product of the product supplier to the client after section 3A of the General Code of conduct became effective?					

Question		Column				
		1	2	3	4	5
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17.10	Debarment of representatives Section 14 of Act					
17.10.1	Does the FSP have procedures in place to debar a representative if the representative does not comply with the personal character qualities of honesty and integrity and the qualifications as set out in Parts II and V of the Determination of Fit and Proper Requirements?					
17.10.2	Has the FSP taken steps to debar representatives in respect of non-compliance with Column Two of Table E of the Determination of Fit and Proper Requirements?					
17.10.2.1	<i>If the answer to question 17.10.2 is YES – In a separate annexure, provide full details thereof. Indicate the annexure number in column 5.</i>					
	SECTION 4 – MONEY LAUNDERING CONTROL PROCEDURES					
18	Money Laundering Control Procedures					
18.1	Is the FSP an accountable institution in terms of Schedule 1 of FICA?					
18.2	<i>If the answer to Question 18.1 is YES, questions 18.3 to 18.15 must be answered</i>					
18.3	Has the FSP registered with the Financial Intelligence Centre in terms of section 43B of FICA?					
18.4	Does the FSP have in place all the necessary policies, procedures and systems to ensure full compliance with FICA and other applicable anti-money laundering or terrorist financing legislation as required in terms of paragraph 8(1)(e) of the Determination for Fit and Proper Requirements?					
18.5	Was this reporting period the FSP's first year of business?					

		Column				
Question		1	2	3	4	5
		Yes	No	Not applicable	Develop - mental area	Note No. Comment/ Annexure
18.5.1	<i>If the answer to question 18.5 is YES –</i> Provide a copy of the internal rules used by the FSP as a separate annexure. Indicate the annexure number in column 5.					
18.6	If this reporting period wasn't the FSP's first year of business, did the FSP amend/revise the internal rules during the reporting period?					
18.6.1	<i>If the answer to question 18.6 is YES –</i> Provide a copy of the amended internal rules as a separate annexure. Indicate the annexure number in column 5.					
18.7	Does the FSP make use of a standard internal rules document supplied by a third party?					
18.7.1	<i>If the answer to question 18.7 is YES –</i> Was the document customised to apply to the specific FSP?					
18.8	Does the FSP establish and verify the identity of clients as required in terms of FICA in all instances?					
18.8.1	<i>If the answer to question 18.8 is NO –</i> In a separate annexure provide details of why such verification was not done, and indicate the steps taken to reasonably address the non-compliance is addressed. Indicate the annexure number in column 5.					
18.9	Did the FSP provide employees with ongoing or refresher training as recommended by the Financial Intelligence Centre during the reporting period?					
18.9.1	<i>If the answer to question 18.9 is YES –</i> Did the training include an assessment to determine the employees' level of understanding?					
18.10	Does the FSP have procedures in place to report property associated with terrorist and related activities in terms of section 28A of FICA?					
18.11	Does the FSP have procedures in place to ensure that staff are able to identify suspicious transactions and report them accordingly?					

Question		Column				
		1	2	3	4	5
		Yes	No	Not applicable	Develop - mental area	Note No. Comment/ Annexure
18.12	Does the FSP have procedures in place to risk rate the clients in order to establish which clients pose a higher risk associated with the combating of money laundering and financing terrorism to the entity?					
18.13	Does the FSP perform the identification and verification of clients function on behalf of another accountable institution, as envisaged in Exemption 4?					
18.14	Does the FSP rely on a third party (any other institution) for the identification and verification of clients in terms of exemption 4 under FICA?					
18.15	Does the FSP have procedures in place to ensure submission of cash threshold reports in terms of section 28 of FICA?					
18.16	If the answer to Question 18.1 is NO – questions 18.16.1 to 18.16.4 must be answered					
18.16.1	Is the FSP a reporting institution in terms of Schedule 3 of FICA?					
18.16.1.1	<i>If the answer to question 18.16.1 was YES-</i> Has the FSP registered with the Financial Intelligence Centre in terms of section 43B of FICA?					
18.16.2	Does the FSP have procedures in place to ensure that the staff is able to identify suspicious transactions and report them accordingly?					
18.16.3	Does the FSP have procedures in place to ensure that the FSP remains up to date with the requirements of the Financial Intelligence Centre in respect of identifying and reporting suspicious and unusual transactions?					
18.16.4	Does the FSP have procedures in place to ensure it can submit cash threshold reports in terms of section 28 of FICA?					

		Column				
Question		1	2	3	4	5
		Yes	No	Not applicable	Develop - mental area	Note No. Comment/ Annexure
	SECTION 5 – COMPLIANCE FUNCTION					
19	Compliance function <i>Section 17 of Act, Chapter IV of Regulations and Board Notice 127 of 2010</i>					
19.1	Is the compliance function established as part of the risk management framework of the business of the FSP in compliance with section 17(3) of the Act and regulation 5 of the Regulations?					
19.2	Was any aspect in this report as a "Developmental Area" (Column 4) that was also indicated as a developmental area in the compliance report for the previous reporting period?					
19.2.1	<i>If the answer to question 19.2 is YES – In a separate annexure, provide details thereof, the reasons for continued non-compliance, and corrective actions to be taken. Indicate the annexure number in column 5.</i>					
19.3	Has the FSP appointed a compliance officer in terms of section 17 of the Act?					
19.4	<i>If the answer to question 19.3 is YES – questions 19.5 to 19.11 must be answered</i>					
19.5	Are you appointed as an internal compliance officer of the FSP?					
19.6	<i>If the answer to question 19.5 was YES- Are you also the appointed internal compliance officer for any other FSPs? If YES, In a separate annexure, provide the details of these FSPs. Indicate the annexure number in column 5.</i>					
19.7	Do you provide written reports on the compliance monitoring and recommendations relating to the FSP on a regular basis? If YES, the Statistical Information Sheet (Section 8) must be completed.					
19.8	Does the FSP operate from only one business premises?					

Question		Column				
		1	2	3	4	5
		Yes	No	Not applicable	Develop - mental area	Note No. Comment/ Annexure
19.9	<i>If the answer to Question 19.8 is NO – Questions 19.9.1 and 19.9.2 must be answered.</i>					
19.9.1	Did you (and in the case of an internal compliance officer, any delegated employee) conduct regular visits to all the business premises, business units and / or branches of the FSP? If YES, the Statistical Information Sheet (Section 8) must be completed.					
19.9.2	Did you (and in the case of an internal compliance officer, any delegated employee) conduct regular visits to the business premises, business units and / or branches of the representatives of the FSP? If YES, the Statistical Information Sheet (Section 8) must be completed.					
19.10	Are you also the compliance officer appointed in terms of section 43(b) of FICA? If the answer is NO, the identity number of the compliance officer so appointed must be supplied in the Statistical Information Sheet (Section 8).					
19.11	Do you have any issues that are not covered by this report that you would want to bring to the attention of the Registrar? Attach a written copy of your comments as an annexure and indicate the annexure number in column 5.					
20	Monitoring					
20.1	Does the FSP have an approved Compliance Officer?					
20.2	<i>If the answer to question 20.1 is YES, questions 20.3 to 20.8 must be answered</i>					
20.3	During the reporting period did you monitor whether the FSP or any of its employees received or offered any immaterial financial interest to or from a third party?					
20.3.1	<i>If the answer to question 20.3 is YES-</i> Were any instances of non-compliance identified i.e. where the monetary value of the financial interest exceeded an aggregate of R1 000 during the calendar year?					
20.4	Did you (compliance officer) conduct monitoring in respect of the FSP's compliance with sections 4, 5 and 7 of the General Code of Conduct?					

Question		Column				
		1	2	3	4	5
		Yes	No	Not applicable	Develop - mental area	Note No. Comment/ Annexure
20.4.1	<i>If the answer to Question 20.4 is YES – Were there any instances of non-compliance found during the monitoring conducted? If YES – the Statistical Information Sheet (Section 8) must be completed.</i>					
20.5	Did you (compliance officer) conduct monitoring in respect of the FSP's Risk Management Plan?					
20.5.1	<i>If the answer to Question 20.5 is YES – In a separate annexure, provide details as to how the Risk Management Plan is monitored. Indicate the annexure number in column 5.</i>					
20.6	Indicate the type of monitoring that you (compliance officer) performed during the reporting period:					
20.6.1	Financial products in which the FSP renders financial services.					
20.6.2	Representatives under supervision.					
20.6.3	Juristic representatives					
20.6.4	Disclosure documents to check compliance with sections 4 and 5 of the General Code of Conduct.					
20.6.5	Disclosure documents to check compliance with section 7 of the General Code of Conduct.					
20.6.6	Furnishing of advice and record of advice.					
20.6.7	Receipt of funds and/or collection of premiums.					
20.6.8	Waiver of rights.					
20.6.9	Money laundering control procedures.					
20.6.10	Exchange control regulations (in the case of a forex FSP).					

		Column				
Question		1	2	3	4	5
		Yes	No	Not applicable	Develop - mental area	Note No. Comment/ Annexure
20.6.11	Policies and procedures.					
20.6.12	Conflict of interest management policy					
20.6.13	Continuous Professional Development hours					
20.6.14	Direct marketer's telesales script and/or telesales voice recordings to check compliance with section 15 of the General Code of Conduct.					
20.6.15	Other. Please provide details on other monitoring done in a separate annexure and indicate the annexure number in column 5.					
20.7	In a separate annexure, provide an explanation as to how you did the monitoring (methodology). Please also include the extent of monitoring. Indicate the annexure number in column 5.					
20.8	Did you (compliance officer) conduct sampling during the reporting period?					
20.8.1	<i>If the answer to Question 20.8 is YES –</i> Was sampling applied to all reviews conducted? If the answer is NO, to what percentage of reviews conducted was sampling applied? Indicate the percentage on the Statistical Information Sheet (Section 8)					
	SECTION 6 – HEALTH SERVICE BENEFITS					
21	Accreditation under section 65(3) of Medical Schemes Act, 1998 <i>Section 8(7)(e) of Act</i>					
21.1	Is the FSP licensed to render financial services relating to health service benefits?					
21.2	<i>If the answer to question 21.1 is YES – questions 21.2.1 to 21.2.4 must be answered</i>					
21.2.1	Was the accreditation of the FSP in terms of section 65(3) of the Medical Schemes Act, 1998, during the reporting period suspended or withdrawn, or did it lapse? Please provide details of any such suspensions, withdrawals or lapses as an annexure to the report and indicate the annexure number in column 5.					

		Column				
Question		1	2	3	4	5
		Yes	No	Not applicable	Develop - mental area	Note No. Comment/ Annexure
21.2.1.1	<i>If the answer to Question 21.2.1 is YES –</i> Was a profile change request submitted to the Registrar in order for the health services subcategory to be removed from the FSPs licence?					
21.2.2	The details of the accreditation with the Council for Medical Schemes (ORG numbers for entities and BR numbers for key individuals) must be completed on the Statistical Information Sheet (Section 8).					
22.2.3	Does the FSP have any corporate clients? If the answer is YES, the Statistical Information Sheet (Section 8) must be completed.					
22.2.4	In a separate annexure, provide a list of product suppliers that the FSP utilises in respect of health services benefits. Indicate the annexure number in column 5.					

SECTION 8 – STATISTICAL INFORMATION SHEET

8.1 REPRESENTATIVES AT REPORTING DATE		
TYPE OF INFORMATION REQUIRED	RELEVANT QUESTION NUMBER	NUMBER OF REPRESENTATIVES/KEY INDIVIDUALS
Number of representatives	17.1	
Number of representatives rendering services under supervision as contemplated in Paragraph 3 of the Exemption of Services under Supervision in terms of Requirements and Conditions, 2008	17.8.2.1	
Number of key individuals and representatives that acted as supervisors in respect of services under supervision	17.8.2.1	

8.2 TYPE OF INSURANCE COVER	RELEVANT QUESTION NUMBER	CURRENCY	EXTENT OF COVER (NUMERICAL AMOUNT)
Professional Indemnity Cover as contemplated in sections 5(e) and 13 of the General Code of Conduct	6.1		
Fidelity Insurance Cover as contemplated in sections 5(e) and 13 of the General Code of Conduct	6.2		
Guarantees in terms as contemplated in section 13 of the General Code of Conduct	6.3		

8.3 COMPLIANCE FUNCTION		
TYPE OF INFORMATION REQUIRED	RELEVANT QUESTION NUMBER	DETAILS
Number of reports issued to the FSP on the rendering of financial services.	19.7	
Total number of business premises, business units and / or branches in respect of the FSP.	19.9.1	
Total number of visits to the business premises, business units and / or branches of the FSP during the reporting period in order to perform monitoring procedures	19.9.1	
Total number of business premises, business units and / or branches in respect of the representatives of the FSP.	19.9.2	
Total number of visits to the business premises, business units and / or branches of the FSP's representatives during the reporting period in order to perform monitoring procedures	19.9.2	
Identity Number of the compliance officer appointed in terms of section 43(b) of FICA.	19.10	
Confirm what percentage of the transactions that were sampled was non-compliant with sections 4, 5 and 7 of the General Code of Conduct.	20.4.1	
Percentage of total sample that was non-compliant (calculation based upon the average of the selected samples)	20.8.1	

8.4 GENERAL CODE OF CONDUCT		
TYPE OF INFORMATION REQUIRED	RELEVANT QUESTION NUMBER	PERCENTAGE
Provide the percentage (%) of new financial transactions concluded as contemplated in section 8(4)(a) of the General Code of Conduct.	9.3.4	

8.5 HEALTH SERVICE BENEFITS		
TYPE OF INFORMATION REQUIRED	RELEVANT QUESTION NUMBER	DETAILS
Key individual accreditation number with the Council for Medical Schemes [BR number]	21.2.2	
FSP accreditation number with the Council for Medical Schemes (ORG number)	21.2.2	
Percentage of client base that is corporate clients	22.2.3	

COMPLETED AND SIGNED BY COMPLIANCE OFFICER(S):

Name(s) of compliance officer(s) of FSP

ID number(s) of compliance officer(s)

Name(s) of the compliance practice(s) (if applicable)

Reference number(s) of compliance
officer(s)/practice(s)

Signature(s) of compliance officer(s)

Date

Telephone number

Fax number

E-mail address

**COMPLETED AND SIGNED BY A KEY INDIVIDUAL OF THE FSP IN THE CASE OF A JURISTIC ENTITY, OR THE SOLE PROPRIETOR IN
THE CASE OF A NATURAL PERSON TO ACKNOWLEDGE THAT THEY ARE AWARE THAT THE COMPLIANCE REPORT WILL BE
FORWARDED TO THE REGISTRAR**

Name of FSP

FSP number

Name of key individual/sole proprietor

ID number of the key individual/sole proprietor

Date appointed as key individual

Signature

Date

DECLARATION COMPLETED AND SIGNED BY COMPLIANCE OFFICER(S) SUBMITTING COMPLIANCE REPORT**Name(s) of compliance officer(s):** _____

Compliance report in terms of section 17(4) of the Act by compliance officer(s) for the reporting period _____ (insert date) until _____ (insert reporting date).

I/we _____ hereby report as follows as regards compliance by _____ (insert full names of FSP and FSP number) and any representatives of the FSP with the Act, for the reporting period.

Having completed the attached annual compliance report for the abovementioned FSP, I/we hereby confirm that, to the best of my/our knowledge and ability all the information contained in the attached annual compliance report is true and correct.

I/we are aware that the information contained in the attached annual compliance report may be subject to verification by the Registrar of Financial Services Providers, and should I/we knowingly submit false, incorrect or misleading information to the Registrar, this may impact on my/our compliance with the fit and proper requirements with regard to personal character qualities of honesty and integrity as determined by section 8(1) of the Act.

Signed on _____ (day) _____ (month) _____ (year).

Signature(s): _____