

FINANCIAL SERVICES BOARD



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ENQUIRIES:	FAIS Registration	D. DIALLING NO.:	Isaac Lebese 012 3677253 Thabang Marokane 012 3677280 Thokozile Zikhali 012 4222983
OUR REF:	CO DETAILS CONFIRMATION	FAX:	012 422 2973
DATE:	07 June 2017	E-MAIL:	Fais.COapprovals@fsb.co.za

Dear Sir/Madam

RE: UPDATING / CONFIRMATION OF COMPLIANCE OFFICER AND COMPLIANCE PRACTICE DETAILS

In terms of Board Notice 148 of 2016, the Registrar has determined the regulatory exams which Compliance Officers have to pass in order for them to be approved as such, as well as the period within which to pass said exams. As a result, the following information **MUST** be confirmed with the office of the Registrar:

- a) Contact details (current e-mail address(s) and all contact numbers;
- b) The licence categories for which they are approved,
- c) The date by when the services under supervision period has ended for those compliance officers that have completed the 2 year supervision period, and
- d) A certified copy of the ID / Passport of the compliance officer for verification purposes.

These details must be confirmed by **30 June 2017**. Failure to do so will indicate that the compliance officer / practice are no longer practicing, and will therefore be removed, and access to the on-line portal will be suspended.

Kindly complete **Annexure 1** in full and submit the completed Annexure 1 (including a copy of the certified ID / Passport) to Fais.COapprovals@fsb.co.za.

Kindly ignore if you have already updated the Registrar's records.

We thank you in advance for your assistance in this regard.

Yours sincerely,

REGISTRAR OF FINANCIAL SERVICES PROVIDERS

Board Members: AM Sithole (Chairperson) H Wilton (Deputy Chairperson) Z Bassa JV Mogadime
Prof PJ Sutherland FE Groepe D Turpin HMH Ratshefola D Msomi I Momoniat O Makhubela (Alternate)
Executive Officer: DP Tshidi

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Annexure 1

SECTION 1: CONFIRMATION OF CONTACT DETAILS:

CO number:	
Compliance Office Name:	
Telephone number:	
Alternative number 1:	
Alternative number 2:	
Main email address:	
Alternative e-mail address:	
Physical address:	
Postal address:	

SECTION 2: CONFIRMATION OF CO AUTHORISATION IN RESPECT OF THE LISENCE CATEGORIES:

Categories for which you are approved as Compliance Officer:

Categories	Yes	No	If yes, please specify the number of months experience you have in respect of the Category
<i>Category I</i>			
<i>Category II</i>			
<i>Category IIA</i>			
<i>Category III</i>			
<i>Category IV</i>			

SECTION 3: CONFIRMATION OF SERVICES UNDER SUPERVISION:

CO number:	
Compliance Office Name:	
Date Approved:	
SUS start date:	
SUS end date:	
Name of Supervisor:	
Telephone number of Supervisor:	
e-mail address of Supervisor:	

NB: Please include a certified copy of your ID / passport when submitting this document to the Office of the Registrar.

Signature of Compliance Officer: _____

Date: _____