

APPLICATION TO CONDUCT BUSINESS WITH ITRANSACT

REPRESENTATIVE LETTER OF AUTHORITY

(Natural person acting on behalf of the financial service provider)

This form needs to be completed by each representative of the financial service provider that requires a sub code to conduct business with Itransact.

NOTE:

This form allows for the details of one representative only.

This is to certify that the below nominated representative, by virtue of a service contract or other mandate, has been authorised to render financial services on behalf of;

FSP Name

FSP Number

The FSP accepts responsibility for those activities performed by the Representative that falls within the scope of, or in the course of implementing, any such aforementioned contract or mandate. This responsibility will be attributed to the following Key Individual:

(Nominated Key Individual responsible for the Representative's actions)

NOMINATED REPRESENTATIVE DETAILS

First Name

Surname

Identity/Passport Number

Cell Phone Number

Other Contact Number

Email Address

FAIS Sub Categories for which the representative is competent and authorised to render financial services

KEY INDIVIDUAL DECLARATION

1. I declare that I am the duly appointed key individual of the FSP stated in Section One of this application form
2. I warrant that the information supplied above regarding the authorisation of the representative is complete, accurate and not misleading in any respect.
3. I undertake to supply any additional information requested by Itransact, to fulfil this application.

Date (ddmmyyyy)

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_____ **Above Nominated Key Individual Signature**

Print Initials and Surname

IMPORTANT CONTACT DETAILS

Financial Advisor Support Centre:

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Email: info@itransact.co.za
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